

# San Diego Community College District

## Work Experience

### Application

Campus: City Mesa Miramar  
 Semester: Fall Spring Summer  
 Year:

For the satisfactory completion of all types of Work Experience Education, students may earn up to a total of 16 semester credit hours. Title 5, Section 55253.

COURSE INFORMATION							
Course: <input type="checkbox"/> 270 <input type="checkbox"/> 272		CRN:		# Units:		WE hours will be: <input type="checkbox"/> Unpaid <input type="checkbox"/> Paid	
Subject:				Assigned Instructor:			
STUDENT INFORMATION							
Last Name:			First Name:			CSID:	
Phone:		Email:			Prior Work Experience Units Completed:		
Declared Major:		Are you seeking work experience credit for your own business? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please contact your College's Work Experience Office before completing this application.					
Are you over 18 years of age or older: <input type="checkbox"/> Yes <input type="checkbox"/> No							
EMPLOYMENT / INTERNSHIP / VOLUNTEER INFORMATION							
Position Title:				How long have you been with this organization?		How long have you been in this position?	
Main Duties/Assigned Responsibilities:							
For this position do you:	Operate a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Operate special equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Work with hazardous materials? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work with minors? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work in a private residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Schedule:	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Shift Hours: (am/pm)							
ORGANIZATION INFORMATION							
Company Name:							
Address:				City:		Zip:	
Worksite Address: (If different than company address)				City:		Zip:	
Supervisors Name:				Title:			
Phone:			Email				
EMPLOYER AGREEMENT							
THIS SECTION TO BE COMPLETED BY EMPLOYER/ORGANIZATION							
<p>The employer/mentor and the college agree to provide the necessary supervision and guidance to ensure maximum educational benefit from this work experience. The employer/mentor will verify the hours completed by the student during the course term. San Diego Community College District does not discriminate on the basis of national origin, religion, sex, age, medical condition, mental or physical disability, marital status, sexual orientation or Vietnam era veteran status in its acceptance, assignment, treatment, evaluation, or compensation of students who participate in programs sponsored or arranged by San Diego Community College District. Employers who sign this agreement are expected to uphold this policy in their selection of prospects for employment, educational process or activities.</p> <p><b>PAID WORK EXPERIENCE:</b> The student and organization understands that no employment arrangement exists between the student and the San Diego Community College District. It is understood that the organization will provide adequate protection for their paid student/employee through workers' compensation and general liability insurance as required by law. The organization shall defend, indemnify and hold harmless the San Diego Community College District its officers, employees and agents from and against any and all liability, loss, expense, attorney's fees, or claims of injury or damages arising out of the performance of this agreement.</p> <p><b>UNPAID WORK EXPERIENCE:</b> The student and the San Diego Community College District understand that no employment arrangement exists between the student and the organization. The San Diego Community College District will provide adequate protection for the student through its workers' compensation insurance as required by law. The organization agrees to defend, indemnify and hold harmless the San Diego Community College District, its officers, employees and agents from and against any and all liability, loss, expense, attorney's fees, or claims of injury or damages arising out of the performance of this agreement but only in proportion to and to the extent such liability, loss, expense, attorney's fees or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of the organization, its officers, agents or employees.</p>							
# of employees with employer?		Year employer established?			Primary Industry/Sector:		
Employer Signature:					Date:		
STUDENT AUTHORIZATION							
As a Work Experience student, I understand that my Instructor/Coordinator will be providing information about my work experience educational activities and enrollment to my Supervisor and my Supervisor will be providing information to my Instructor/Coordinator concerning my educational job-related objectives.							
Student Signature:					Date:		