



Work Experience Training Plan

Contract #: _____

Section 1: Worksite Information

Worksite Employer: _____ Start Date: _____
Supervisor: _____ End Date: _____
Phone Number: _____ Hours/Week: _____
Email Address: _____ Hourly Wage Rate: _____
Job Title: _____
Job Description: _____

Section 2: Participant Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email Address: _____

Section 3: Emergency Contact Information

Parent/Guardian/Emergency Contact Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Alternate Phone Number: _____



Section 4: Occupational Training

SKILL TO BE LEARNED: Use O*Net to record position training, requirements, academic expectations.
SKILL TO BE LEARNED:
SKILL TO BE LEARNED:
SKILL TO BE LEARNED:

Section 5: Work Experience Agreement

This Training Plan incorporates all of the provisions of the Youth Worksite Employer Agreement, Contract No: _____ as if fully set forth herein.

Section 6: Signatures

I hereby agree to all the terms and conditions of this Training Plan and the Youth Worksite Employer Agreement, Contract #: _____.

Authorized Signatures

Date: _____

Worksite Employer Signature: _____

Printed Name: _____

Title: _____

Date: _____

Sponsor Signature: _____

Printed Name: _____

Title: _____