Distributive Education Training Agreement (Internship)

Name of Business __________________________________________________

Address ___________________________________________________________________

Type of Business ____________________________ Telephone Number _____________

Name of Intern ____________________________________________________________

Title of Occupation to be taught _____________________________________________

Name of person in charge of training and evaluation _____________________________

Beginning wage rate of Intern (if any) ________________________________

Work standards expected of students will be the same as for other employees.

The employer will furnish a rating of the student's performance and attitude as needed.

The trainee will be given the opportunity to become proficient in as many areas of the sponsoring organization as his ability and time permits.

The trainee will be supervised by a faculty member from Western Nebraska Community College.

No regular employee may be displaced by a trainee.

The intern will be employed a minimum of ________ hours a week.

The student/intern will receive ________ (number of hours) of college credit.

Passing grades must be maintained in all subjects to remain eligible for this training program.

The undersigned agree to abide by the foregoing conditions.

________________________________     _________________________________
Employer                                                                 Student/Intern

_______________________________     ___________________________________
Coordinator: WNCC                                 Date