

Ride and Decide Employer Enrollment Form



Company

Company Name: Date:

Address:

City: Zip: Phone:

Contact

Name: Title:

Email: Cell:

County: Nearest High School:

Describe your business: _____

Describe the type of work the student(s) will perform: _____

Number of Student positions: June 2020 (4 weeks)- _____ July 2020 (4 weeks)- _____ Hours per week: _____

Schedule (days of week and start/end times): _____ Pay rate: \$ _____ per hour

Do you have any special requirements or requests (uniform, special shoes, etc)? _____

Please initial each:

____ Do you agree to abide fully and completely to the Tennessee Department of Labor Child Labor Law and Regulation Act including but not limited to: restricted duties, hours worked and records on file?

____ Do you agree to pay the student at least minimum wage?

____ Does your company have Tennessee mandated Workman's Compensation insurance?

____ Do you agree to work within the parameters set by the School District CTE Program assigned?

Do you perform background checks on your employees? yes no

Does your company have a Drugfree Workplace certification? yes no

Will your students be required to pass a drug test: yes no Pass a physical? yes no

Contact Person for student inquiries: _____ Phone: _____

Company Owner (print name): _____

Owner Signature: _____ Date: _____