

# Ride and Decide Employer Enrollment Form

Company	Company Name: <input type="text"/>	Date: <input type="text"/>
	Address: <input type="text"/>	
	City: <input type="text"/>	Zip: <input type="text"/>

Contact	Name: <input type="text"/>	Title: <input type="text"/>
	Email: <input type="text"/>	Cell: <input type="text"/>

County:  Nearest High School:

Describe your business: \_\_\_\_\_

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

Number of Student positions: June 2019 (4 weeks)- \_\_\_\_\_ July 2019 (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: \_\_\_\_\_