

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 2018 (4 weeks)- _____ July 2018 (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: _____