

Upper Bucks County Technical School  
Lisa Walck, School to Work Coordinator  
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Employer must provide:

**STUDENT'S JOB TITLE:** \_\_\_\_\_

**ESTIMATED START DATE:** (KEEP IN MIND THERE COULD BE UP TO 2 WEEKS TO SCHEDULE CO-OP INTAKE/  
CONTRACT SIGNING MEETING) \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

**COMPANY ADDRESS:** \_\_\_\_\_

**DIRECT SUPERVISOR'S NAME:** \_\_\_\_\_

**DIRECT SUPERVISOR'S PHONE:** \_\_\_\_\_

**DIRECT SUPERVISOR'S EMAIL:** \_\_\_\_\_

**HOURLY WAGE:** \_\_\_\_\_

**\*\*\*PREFERRED METHOD OF CONTACT - EMAIL / PHONE CALL / TEXT:** \_\_\_\_\_

**ANTICIPATED SCHOOL YEAR SCHEDULE:** \_\_\_\_\_

**COVID 19 GUIDELINES (IF ANY):** \_\_\_\_\_

**DETAILED JOB DESCRIPTION:**  
\_\_\_\_\_  
\_\_\_\_\_

**FORM OF PAYMENT (CHECK OR DIRECT DEPOSIT):** \_\_\_\_\_

**FREQUENCY OF PAYMENT (WEEKLY, BI WEEKLY, ETC):** \_\_\_\_\_

**DRESS CODE/REQUIREMENTS:**  
\_\_\_\_\_  
\_\_\_\_\_

**BREAK/MEAL INFO:** \_\_\_\_\_

**CELL PHONE POLICY:** \_\_\_\_\_

**TOOLS STUDENT MUST PROVIDE:** \_\_\_\_\_

**TOOLS THE COMPANY PROVIDES:** \_\_\_\_\_

**\*PLEASE PROVIDE A COPY OF YOUR WORKERS COMPENSATION DECLARATION PAGE**

**\*PLEASE PROVIDE A COPY OF COMPANY HANDBOOK/POLICIES THAT PERTAIN TO  
THE STUDENT**

Please email all above information to [lwalck@ubtech.org](mailto:lwalck@ubtech.org) or [mdeose@ubtech.org](mailto:mdeose@ubtech.org)