



# North Paulding High School

**WELCOME!**

**WORK-BASED**

**EMPLOYER PACKET**

Let us show you what our WBL students can

For you and your business

**WORK-BASED LEARNING**



*— Focus on the Future —*

## \*STUDENT REQUIREMENT



### **SCAN**

Scan QR Code to watch orientation video



### **SIGNATURES**

Complete packet in its entirety with all signatures



### **SUBMIT**

Submit completed packet to your WBL coordinator in room 924

**JOIN OUR REMIND**

**TEXT TO: 81010**

**MESSAGE: @npwbl2324**

WBL Forms must be completed legibly and returned to the coordinator. No Exceptions!

**WORK-BASED LEARNING**  
Paulding County School District  
**Student Checklist**  
**RETURN THIS FORM AND THE FOLLOWING**

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\_\_\_\_\_  
Student Name

\_\_\_\_\_  
ID #

The following items should be completed prior to the first day of school:

- Remind account sign up confirmation @npwbl2324 to 81010
- Required forms completed and signed by Parent/Student/Employer (as indicated)
- Safety Sheet completed by student.
- Blanket Permission form.
- Student Handbook Signature Page
- Orientation video viewed and signed off by student.
- Orientation video viewed and signed off by parent.

I acknowledge that I understand all videos and documents and have submitted all requirements.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature

Students will not be released from school early until all documents  
have been received and verified.

Due date: Tuesday, August 1, 2023

Date received: \_\_\_\_\_

**Work-Based Learning**  
**Paulding County School District**  
**STUDENT-WORK INFORMATION SHEET**  
**Please *Print* in Dark Blue or Black Ink ONLY ♦ Must be legible!**

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ ID # \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Graduation Year  23-24  24-25  25-26

Career Pathway \_\_\_\_\_ Career Goal \_\_\_\_\_

Student Cell # \_\_\_\_\_ Student Email \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City Zip

Home Phone # \_\_\_\_\_

Parent Name \_\_\_\_\_ Parent Email \_\_\_\_\_

**WORKSITE INFORMATION**

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City Zip

Telephone \_\_\_\_\_ Employer Email \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Student Job Title \_\_\_\_\_ Job Start Date \_\_\_\_\_

Beginning Hourly Rate \_\_\_\_\_ Approximate Number of Hours per Week \_\_\_\_\_

**Supervisor/Manager authorized to sign time sheet and/or evaluate student must be listed below:**

<b>Printed Name</b>	<i>Signature</i>
1.	
2.	
3.	
4.	
5.	

**Work-Based Learning  
TRAINING AGREEMENT  
Paulding County School District  
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***Student Information***

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip Grade Level \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Student Cell Phone Number \_\_\_\_\_

Student Email \_\_\_\_\_ Parent Email \_\_\_\_\_

***Employer Information***

Business \_\_\_\_\_ Supervisor \_\_\_\_\_

Business Phone \_\_\_\_\_

Physical Address \_\_\_\_\_  
Street City Zip

Mailing Address: \_\_\_\_\_  
Street or P.O. Box City Zip

Employer Email \_\_\_\_\_

***Employment Information***

Job Title \_\_\_\_\_ Date Employment Begins \_\_\_\_\_

Beginning Wage \_\_\_\_\_

***School Information***

WBL Coordinator **Mrs. Christi Dorsey or Mrs. Michelle Miller** **770.443.9400**

School **North Paulding High School**

***Career Information***

Career Goal - What do you want to do after high school and/or college?

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Post-Secondary Plans (Circle what you plan to do)

Apprenticeship

Attend College

Attend Trade School

Join the Military

Work Full-Time

*The purpose of this agreement is to provide all parties involved a detailed list of responsibilities/requirements that are agreed upon in the Work-Based Learning placement.*

**Work-Based Learning  
TRAINING AGREEMENT  
Paulding County School District  
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ALL WORK-BASED LEARNING PARTNERS agree to the following terms:

***WORK-BASED LEARNING STUDENT WILL:***

1. Be at least 15 years of age by September 1 of current year.
2. Must have a Social Security number.
3. Assist the WBL Coordinator in finding an appropriate employment position related to the career focus area of the program and the career objective of the student.
4. Attend school and work regularly (abide by the attendance policy) and not go to work without first going to school, or go to school without going to work, unless previously discussed with the WBL Coordinator. Failure to adhere to this part of the agreement may result in student receiving appropriate academic and/or disciplinary action. If a student will be absent from school or work, the WBL Coordinator should be notified as soon as possible.
5. Discuss all aspects of the employment with the WBL Coordinator and the worksite supervisor-not with other students, co-workers, etc.
6. Represent the school and employer by demonstrating honesty, punctuality, courtesy, and a willingness to learn. If the student is dismissed from the employment due to negligence or misconduct, proved by school investigation, the student may be ***dismissed from the program and may not receive school credit which might impact high school graduation.***
7. Not change his/her job site without permission from the Coordinator. If so, this could lead to dismissal from the WBL Program. The WBL Coordinator reserves the right to change the student's employment situation if necessary.
8. Maintain a required GPA and work the minimum hour requirements for the program.
9. Secure your own transportation to and from work and school. Student must leave campus during scheduled WBL courses.
10. Be evaluated by the WBL Coordinator and mentor once per grading period which includes training plan.
11. Agree to release information and school related records as it pertains to the WBL Program such as academic performance, attendance, discipline, follow-up information, and photo consent.
12. Take necessary precautions and assume full responsibility for the conduct/safety during travel time between home, school, and work.
13. Grant consent for pre-employment or routine physical, required lab work, drug test, etc., as required by employer.
14. Grant permission for work related emergency treatment. Medical personnel will make reasonable attempts to contact the parent before initiating emergency treatments deemed necessary by the employer/emergency service.
15. Maintain safety on the worksite.
16. Be aware that employment in the WBL Program does not necessarily qualify a student to receive unemployment compensation. This is based on whether the student meets the requirements set forth by the Georgia Employment Security Law.
17. Abide by all terms, conditions, and policies of the employer, school, and WBL Program including WBL meetings and/or functions.
18. Be responsible for completing all assignments as required by the coordinator.

**Work-Based Learning  
TRAINING AGREEMENT  
Paulding County School District  
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***THE PARENT/GUARDIAN WILL:***

1. Encourage the student to carry out effectively his/her duties and responsibilities at both the school and place of employment.
2. Assume responsibility for the conduct and safety of the student to and from work.
3. Make inquiries concerning the student's training, wages, or working conditions through the WBL Coordinator rather than directly to the employer.
4. Understand that there is a no school/no work policy. The student must go to school in order to go to work unless previously approved by the WBL Coordinator.
5. Offer assistance to the WBL Coordinator, serve as a resource person, and/or aid in other ways that could benefit the school and the student.
6. Allow the release of student records regarding academic performance, attendance, and discipline for the purpose of employment and program follow-up.
7. Understand that it is my responsibility to provide automobile and health insurance coverage for my child.
8. Parent will provide transportation for their child who does not drive or have a parking spot.

***THE EMPLOYER WILL:***

1. Adhere to policies and practices which prohibit discrimination on the basis of race, color, national origin, sex, and handicap in recruitment, hiring, assignment to work task, hours of employment, levels of responsibility and pay.
2. Work with the WBL Coordinator to provide a variety of work experiences for the student that contributes to the attainment of his/her career objective and to assist in development of the training plan.
3. Pay the student a wage (predetermined by the company) that increases progressively.
4. Employ the student for the designated hours per week during the academic year. WBL students are allowed to work during the school day for their WBL courses.
5. Assist in the overall evaluation of the student, and to serve as primary evaluator for on-the-job skill attainment. This will occur once every grading period.
6. Assign a member of the employing organization as a workplace mentor.
7. Provide time for consultation with the WBL Coordinator concerning the student to discuss performance and any difficulties that may arise.
8. Assist in providing instructional materials and occupational guidance for the student.
9. Notify the WBL Coordinator if termination of the student is considered for any reason, or any disciplinary action is considered. Inform the WBL Coordinator before any disciplinary action is taken regarding the employment of the student.
10. Adhere to all federal and state regulations including child labor laws and minimum wage regulations.
11. Students employed through a Work-Based Learning program may become eligible for unemployment compensation if employed four consecutive quarters. If an employer employs a WBL student beyond the last day of school for this school year, then the student should be treated as a regular employee and that student may file unemployment compensation based on current unemployment rules.
12. Adhere to income tax and Social Security withholding regulations.
13. Provide a "Safety Orientation" in addition to a safe and appropriate work environment for the student.

**Work-Based Learning  
TRAINING AGREEMENT  
Paulding County School District  
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***THE WBL COORDINATOR WILL:***

1. Serve as liaison between the student, parent, and employer.
2. Maintain records pertinent to the student, employer, and school.
3. Render assistance with educational and training problems of the student.
4. Assist the Work-Based training supervisor in an evaluation of the student's performance a minimum of once per grading period and conduct supervisory visits to the student's place of employment.
5. Assist in academic and occupational instruction of student.
6. Conduct exit interview/survey to develop plan of transition into post-secondary.
7. Adhere to policies and practices which prohibit discrimination on the basis of race, color, national origin, sex, and handicap in recruitment, hiring, placement, assignment to work tasks, hours of employment, and levels of responsibility.

***I certify that I have read and understand this agreement. Student: I also understand that failure to comply with my part of this agreement could result in immediate dismissal from the Work-Based Learning Program and a failing grade for the semester or the year.***

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**WBL Coordinator Signature**

\_\_\_\_\_  
**Date**

**The Paulding County School District Career and Technical Education department does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to other designated youth groups.**





**Work-Based Learning Program**  
**PARENT/GUARDIAN CONSENT FORM**  
**Paulding County School District**

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Student's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**PARENTS: Please initial EACH request to indicate your consent:**

\_\_\_\_\_ **I have read and understand the student handbook.**

\_\_\_\_\_ **Transportation Consent:** (School-provided transportation is not available to work sites.)  
*I hereby give my son/daughter/ward permission to drive to their designated work site. I expressly release the Work-Based Learning Program work site, local school, and the Paulding County School District and any agents of the employer or the school district from any liability that may result from my son/daughter/ward's use of his/her individual transportation.*

\_\_\_\_\_ **Photo/Media Release:** *I hereby give my consent to all photographs, audio recordings, and/or video recordings taken of me or my minor child by Paulding County School District or their designee. I understand that any photographs, audio recordings, and/or video recordings become the property of the local school/district/designee and may be used by the school, district, or others with the consent, for educational, instructional, or promotional purposes determined by the district in broadcast and media formats now existing or to be created in the future.*

\_\_\_\_\_ **Student Record Release:** *I authorize the by Paulding County School District to release my son/daughter/ward's academic and attendance records to any potential employer and I agree that the Paulding County School District and its agents will be absolved of any responsibility in connection with such release. This authorization can be cancelled at any time by written notice to the Work-Based Learning Coordinator. I also agree that my child's grades may be e-mailed to me at this e-mail address \_\_\_\_\_*

**Health/Medical:**

\_\_\_\_\_ **Treatment Consent:** *I hereby authorize the school or the Work-Based Learning coordinator or work-site mentor to secure emergency medical treatment. I will assume all financial responsibility.*

\_\_\_\_\_ **Insurance: Health Insurance Company** \_\_\_\_\_ *Student is  or is not  covered by medical insurance. (If not, parent/guardian signature indicates that accident insurance will be purchased through the school insurance program. Contact your local school.)*

\_\_\_\_\_ *Employers may require prospective employees to participate in drug screening procedures. In such cases, this procedure becomes a condition of participation/employment. I hereby consent to required drug screening of my child or ward as a condition of employment and subsequent drug screens as dictated by the company's drug policy.*

\_\_\_\_\_ *Employers may require a physical examination and/or tetanus or tuberculosis vaccination. I consent to a company required physical examination and/or company required vaccinations as a condition of my son's, daughter's or ward's employment.*

**Having read with understanding the above, I hereby give my consent to the enrollment of my son/daughter/ward in the Work-Based Learning program:**

**Printed Name of Parent/Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Work-Based Learning**  
**CONFIDENTIALITY STATEMENT**  
**Paulding County School District**

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As a condition of employment with \_\_\_\_\_ beginning on  
**Name of Business**

**August 1, 2023** I, \_\_\_\_\_ agree to abide by all of the rules,  
**Student Name**  
regulations and procedures regarding the confidentiality of the information that I will come in contact with relative to the Work-Based Learning Program at East Paulding High School, Hiram High School, North Paulding High School, Paulding County High School, South Paulding High School, Paulding College & Career Academy, and Paulding Virtual Academy.

I understand that as a condition of my employment I will demonstrate professionalism in dealing with sensitive information and that I will not knowingly distribute confidential, personal, or sensitive information derived from conversations, files, and computer information to anyone. Failure to comply with these terms may cause termination from the work site resulting in a failing grade in the Work-Based Learning Program, immediate termination from the program, and no continued shadowing.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**WBL Coordinator Signature**

\_\_\_\_\_  
**Date**

**Work-Based Learning  
Grading Rubric 2023-2024  
Paulding County School District**

Grades are an important part of the Work-Based Learning program. The WBL grade is comprised of several components all necessary for your workplace success. The following outlines the requirements for the WBL grades:

<b>Items/Events</b>	<b>Category</b>
Meeting Date (grade based on completing before deadline) Monthly Assignments WBL Field Trip/Industry Tour (1 <sup>st</sup> semester) WBL Field Trip/Industry Tour (2 <sup>nd</sup> semester) Employer Appreciation (TBD - 2 <sup>nd</sup> semester)	Formative
Employer Paperwork Monthly Time Sheets Employer Evaluation (once every 9 weeks) Coordinator Evaluation (once every 9 weeks)	Summative
Career Portfolio (1 <sup>st</sup> semester) NOT SUBJECT TO EXEMPTION Career Portfolio (2 <sup>nd</sup> semester) NOT SUBJECT TO EXEMPTION	Final Exam

\*Grading Rubric is subject to change based on event planning/availability. \*

- All assignments (career portfolio, time sheets, and others as assigned) must be turned in within five days of due date. Assignments not turned in by this date will not be accepted.
- Maximum grade for career assignments not turned in at meeting will be 75. (Additional 5-point deduction for each day late up to the previously stated five days.)
- If the student's grades have not improved by the next grading period (brought up to C average), the student's grades will be reviewed for possible removal from the program.
- Meeting grades are based on your ability to view the recording by the deadline. Time sheets not turned in by the deadline will start at 75. Five additional points will be deducted each day thereafter.
- Failure to successfully complete ALL ASSIGNMENTS may jeopardize future participation in the Work-Based Learning program.

**I have read and understand the grading policy. I will adhere to the guidelines as set forth by the Work-Based Learning Program. I understand assignments are subject to change.**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**WBL Coordinator Signature**

\_\_\_\_\_  
**Date**

**WORK-BASED LEARNING PROGRAM**  
**INTERNSHIP/VOLUNTEER \*(UNPAID)\* STUDENT WAIVER**  
**Paulding County School District**

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\_\_\_\_\_, a student in the Paulding County Work-Based Learning  
Student Name

Program, beginning on **August 1, 2023** and ending on **May 22, 2024** is considered to be an  
Start Date End Date

**INTERNSHIP/VOLUNTEER (NON-PAID) at**

\_\_\_\_\_  
Business Name Address City State Zip Code

As the parent/guardian for the above-named student, I certify that the student is covered by insurance that would pay for medical expenses for any injuries suffered by the student while participating in the Work-Based Learning Program. Additionally, I understand and acknowledge that neither the Paulding County School District nor its officials or employees shall be responsible, in any way, for medical or hospital costs relating to any injury that the student may suffer as a result of his/her participation in the Work-Based Learning Program. Finally, I understand and acknowledge that the Paulding County School District shall not be responsible for providing transportation for the student's participation in the Work-Based Learning Program.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**WBL Coordinator Signature**

\_\_\_\_\_  
**Date**

**Work-Based Learning  
Indemnification Agreement  
Paulding County School District**

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**INDEMNIFICATION AGREEMENT**

In consideration for allowing the student to participate in the Work-Based Learning Program, the undersigned hereby agrees to hold harmless the Paulding County School District, its officials and employees, including, but not limited to, the Superintendent of Schools, the Work-Based Learning Coordinator, and the administration of the school my student attends, as well as members of the District's Board of Education from any and all actions, causes of action, claims, demands, damages costs, loss of service, expenses, compensation, third party actions, hospital liens, attorney liens, suits at law or in equity of whatever nature, on account of, or in any way growing out of my student's participation in the Work-Based Learning Program.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**WBL Coordinator Signature**

\_\_\_\_\_  
**Date**

**Work-Based Learning  
Initial Training Plan  
Paulding County School District**

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**WBL Student Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Employer/Business:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Training Period Begins:** \_\_\_\_\_

To provide the best learning experience for the student-worker, the employer agrees to provide a variety of work experiences that will contribute to the attainment of their career objective.

Please list 5 job specific duties that are the student's responsibility.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Basic employability skills.** These items are a part of every student's training plan, please do not duplicate.

6. **Listen to and follow directions**
7. **Communicate well with others**
8. **Work cooperatively toward common goals**
9. **Demonstrate positive attitude**
10. **Work independently and take initiative**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**WBL Coordinator Signature**

\_\_\_\_\_  
**Date**

## **“BLANKET” PERMISSION TO PARTICIPATE IN A SERIES OF SCHOOL SPONSORED FIELD TRIPS**

I hereby request that (Student’s Name-PLEASE PRINT): \_\_\_\_\_ be allowed to participate in athletic team, band, orchestra, chorus, and/or any series of field trips related to one particular area of study or activity. I understand that transportation may or may not be provided by the Paulding County School District (District). If bus transportation is not available, I understand that school and/or District personnel may be transporting students. In the event transportation is not provided by the District, transportation will be the student’s responsibility.

Detailed trip information, including destination, date, time of departure, time of return, purpose, and supervision, will be given in writing to the parents/guardians at least two (2) weeks prior to each trip in the series. (Exceptions must be approved by the Director of Athletics and Student Activities.)

If any emergency medical procedures or treatment are required by the student during the trip, I consent to the trip supervisor(s) taking, arranging for, and consenting to the procedures or treatment in his/her or their discretion.

I agree to release, indemnify, and hold harmless the Paulding County School District (District), its Board of Education, and its employees, agents, or assignees, as well as its approved adult trip supervisors from and forever promise not to sue them on any and all claims, demands, rights, causes of action, liabilities, losses, damages, costs and expenses (including reasonable attorneys’ fees), whether known or unknown, that I, any other parent or guardian of the above-named student, or the student may have or may allege to have against the District or which may be brought against the District arising out of or in any manner relating to the student’s participation in the field trips, including but not limited to the rendering of emergency medical procedures or treatment.

NOTE: This form must be signed by student if the student is 18 years of age or older.

_____ Name of Student (PLEASE PRINT)	_____ Signature of Student	_____ Date
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_____ Name of Parent/Guardian (PLEASE PRINT)	_____ Signature of Parent/Guardian	_____ Date
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Student Name: \_\_\_\_\_

Employer: \_\_\_\_\_

### WORKPLACE SAFETY • WHAT ARE YOUR RESPONSIBILITIES?

- Follow your employer's safety and health rules and wear or use all required gear and equipment.
- Follow safe work practices for your job, as directed by your employer and/or supervisor. Working safely may slow you down but ignoring safe work procedures is a fast track to injury. There are hazards in every workplace and recognizing and dealing with them correctly may save your life or prevent serious injury.
- Ask questions! Ask for workplace training if it is not offered. Ask how to deal with irate customers or how to perform a new task or use a new machine. Don't worry about looking ignorant. Asking questions will help you stay safe.
- Tell your supervisor, boss, parent, or other adult if you feel threatened or endangered at work. If your employer does not address your concerns, report hazardous conditions to OSHA or your state labor offices.
- Be aware of your environment at all times. Be careful. It's easy to get careless after your tasks have become predictable and routine. But remember, you're not indestructible.
- Be involved in establishing or improving your worksite safety and health program.
- Trust your instincts. If someone asks you to do something that feels unsafe or makes you uncomfortable, check with your supervisor or safety officer before doing the task. Keeping yourself safe is your first responsibility.
- Stay sober. In order to work, you must remain drug free. Workers using alcohol or other drugs are more likely to get hurt or hurt others. If you suspect someone at your work is using, tell your supervisor.
- Find out your workplace emergency procedures for: tornado, fire, robbery, suspicious persons, etc.

### JOB SAFETY CHECKLIST

How safe are the working conditions at your job site?

Have you observed any of the below acts or conditions where you work?

Unsafe Acts	Yes	No	Not Applicable
1. Coworkers wiping or cleaning moving machinery			
2. Improper use of ladders/use of boxes or tables as makeshift ladders			
3. Reckless "playing around" in work area			
4. Lazy, moody, or fatigued coworkers			
5. Coworkers who use drugs or alcohol on the job			
6. Workers failing to wear protective clothing or equipment			
7. Failure to follow proper lifting procedures			
8. Workers lifting too-heavy loads			
9. Careless use of flammable liquids			
10. Workers not knowing location of fire alarm and fire extinguishers			
11. Spilled liquids not cleaned up immediately			
12. No first aid kit available			
13. Oily rags stored in paper boxes			
14. Tools stored incorrectly			
15. File or desk drawers left open			
16. Walkways or doorways blocked by boxes or other items			
17. Poor lighting in work areas			
18. Box cutter blades left exposed			

Continued on reverse side ↘



**OSHA**

<https://www.osha.gov/aboutosha>

What does OSHA stand for: \_\_\_\_\_

What is OSHA's Mission? \_\_\_\_\_

**GA Department of Labor**

<https://dol.georgia.gov/breaks-and-meals>

Is your employer required to provide breaks and meals? \_\_\_\_\_

[https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/Teen\\_Driving.pdf](https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/Teen_Driving.pdf)

What age can you legally drive a vehicle to deliver food? \_\_\_\_\_

<https://dol.georgia.gov/select-programs>

What does GeorgiaBEST stand for?

**DRESS CODE – Be Aware of Company Policy**

What is the dress code at your place of employment? (Include attire, shoes, name badge, etc.)

What safety items are required for your job?

**HARASSMENT**

<https://www.dol.gov/agencies/oasam/centers-offices/civil-rights-center/internal/policies/workplace-harassment/2012>

What are the two types of harassment?

1. \_\_\_\_\_

2. \_\_\_\_\_

What steps should be taken if you feel you are being harassed? \_\_\_\_\_

Give an example of harassment in the workplace. \_\_\_\_\_

**Where are the following, *State and Federal required documents, LOCATED/POSTED at your job?***

Anti-Discrimination Notice \_\_\_\_\_

Equal Employment Opportunity is the Law \_\_\_\_\_

Equal Pay for Equal Work Act \_\_\_\_\_

Family and Medical Leave Act \_\_\_\_\_

Federal Minimum Wage \_\_\_\_\_

IRS Withholding Notice \_\_\_\_\_

OSHA - Job Safety & Health Protection \_\_\_\_\_

Unemployment Insurance \_\_\_\_\_

Workers' Compensation Information \_\_\_\_\_