

Workability I
El Monte Union High School District
WorkAbility I Student Training Agreement

AGREEMENT

As a WorkAbility I training participant, I agree to participate in a 1 month unpaid internship in order to receive on the job training and vocational assessment, prior to being placed in a paid training position. I agree to all requirements and expectations as stated above. As a WorkAbility I participant I agree to conduct myself in a professional and respectable manner both in the classroom and at the work site.

Student's Name

ID Number

School Site

Signature

Date

Phone Number

Address

City

State

Zip Code

Parent/ Guardian (Please Print)

Signature

Date

Phone Number

Training Instructor (Please Print)

Signature

Date

Phone Number

Shamon Alex

Workability I Director (Please Print)

Signature

Date

(626) 258-4970

Phone Number

3537 Johnson Ave.

Address

El Monte

City

CA

State

91731

Zip Code

Semester and School Year