



# San Joaquin Delta College

Applied Science, Business & Technology, 5151 Pacific Ave, Holt 140, Stockton, CA 95207

## Occupational Work Experience (OWE) APPLICATION

***This application packet is due no later than 5:00pm on one of the dates as follows:***

***Opt 1: For 12-week courses that meet from May 24 – Aug 13, the App is due Wed, June 2, 2021***

***Opt 2: For 9-week courses that meet from June 21 – Aug 13, the App is due Wed, June 25, 2021***

### Summer 2021

## STUDENT AGREEMENT FORM

**BEFORE YOU PROCEED WITH THIS APPLICATION, PLEASE NOTE THE FOLLOWING:**

- **You must already be employed before you apply for this program!!!**  
*Note: If you need a job, checkout [JobSpeaker](#), or contact [elizabeth.waters@deltacollege.edu](mailto:elizabeth.waters@deltacollege.edu).*
- All required assignment forms are located in the [OWE STUDENT HANDBOOK](#).  
*Note: This packet of forms may downloaded from the OWE webpages or may be obtained in the ASBT Division Office, Holt 140.*
- OWE application approval is pending the availability of the OWE course and OWE faculty.
- After your application is reviewed and approved, an OWE instructor from San Joaquin Delta College (SJDC) will contact you to review your first assignment—Student Learning Objectives.
- During the semester, the instructor will also contact your work supervisor, either by phone or in person, for the purpose of evaluating your job performance.
- This is a **PASS/NO PASS** course. No letter grades will be given except for specified internships. Credit is determined by the following: completed on-the-job hours along with completed assignments.

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***By reading and signing this Student Agreement form, you indicate acceptance of the State of California and the San Joaquin Delta College requirements for participating in the Occupational Work Experience program as listed below:***

1. **I will be employed** in a job **prior to** the submission of the OWE Application as a paid or an unpaid employee.
2. **I will be officially enrolled** in the current semester before the application due date in **a course directly related to my job.**  
*Note 1: Being placed on the wait list does not meet this requirement.*  
*Note 2: This course may have been taken in the previous semester.*
3. I may request from one (1) to four (4) OWE units during the participating semester not to exceed a maximum of 16 units for the program.
4. As a **PAID** employee, I will complete **75 work hours** on the job for each OWE unit I request.
5. As a **NON-PAID/VOLUNTEER** employee, I will complete **60 work hours** on the job for each OWE unit I request.
6. I will only receive a **PASS** grade if the work hours in #4 or #5 are completed within the semester.
7. I am responsible to drop the OWE Program and the SJDC course if for any reason I become ineligible to participate in the program.
8. I am responsible to keep the Applied Science, Business & Technology (ASBT) Division office (Holt 140) advised of **ANY** changes in my employment, address, phone numbers or any other changes which affect my enrollment status in the OWE program.



# San Joaquin Delta College

## Occupational Work Experience Application Packet

### STUDENT AGREEMENT FORM continued

9. I understand that any unpaid fees or any registration issues that delay my enrollment until after **5:00pm** on the **application due date** will automatically disqualify me from being accepted into the OWE program.
10. I am responsible to submit each assignment by the deadline as indicated on each form and as shown below.
11. I understand that I will receive a NO PASS for the OWE program if I fail to fulfill any of the following:
  - Submit all required forms on time (*see due dates below*).
  - Complete the SJDC course identified in the Course Information section on this application.
  - Meet the **minimum** number of on-the-job hours required for the number of units requested on this application.

### OWE Document Due Dates

	<u>OPTION 1</u> 12-weeks classes <b>May 24 – Aug 13</b>	<u>OPTION 2</u> 8-week classes <b>Jun 21 – Aug 13</b>
<b>OWE APPLICATION PACKET</b>		
• Agreement, Application, Employer Verification	Jun 2	Jun 25
<b>OWE STUDENT REPORTS</b>		
• Student Learning Objectives	Jun 11	Jul 2
• Learning Objective - Report #1	Jul 2	Jul 16
• Learning Objective - Report #2	Jul 23	Jul 30
• Learning Objective - Report #3	Aug 13	Aug 13
• Employer Evaluation	Aug 13	Aug 13

**I have read, understand, and agree to all of the above requirements:**

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

\_\_\_\_\_  
Date



**STUDENT APPLICATION FORM**

**STUDENT INFORMATION**

Delta ID# \_\_\_\_\_ Student email \_\_\_\_\_@students.deltacollege.edu  
 First \_\_\_\_\_ Last \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**EMPLOYMENT INFORMATION**

**Identify type of employment status:**      **Paid Employment**      **or**      **Unpaid/Volunteer Employment**

Company Name \_\_\_\_\_ Student Job Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Immediate Supervisor \_\_\_\_\_ Supervisor's Phone Number \_\_\_\_\_  
 Supervisor's Title \_\_\_\_\_ Supervisor's Email \_\_\_\_\_  
 Supervisor's Work Schedule: Days \_\_\_\_\_ Hours \_\_\_\_\_

**COURSE INFORMATION**

**Related Course:** \_\_\_\_\_ **(Do not list multiple courses)**  
*Ex: CDEV 35, BUS 20, AJ 21, HS 19 (This is NOT the OWE Course Code!)*

**OWE FIELD OF INTEREST**

\_\_\_\_\_  
*Ex: Child Dev, BUS, Admin of Justice, Health Science*

**This course taken in:**      Fall      Spring      Summer

**STUDENT WORK SCHEDULE**

Your work schedule: Days \_\_\_\_\_ Times \_\_\_\_\_ = \_\_\_\_\_ Work Hours/Week

- Total OWE UNITS requested \_\_\_\_\_
- Total OWE WORK HOURS required \_\_\_\_\_
- Total OWE WEEKLY WORK HOURS required \_\_\_\_\_

To calculate the required number of work hours per week, divide the required hours by # of weeks attending.  
**1 unit paid employment = 75 work hrs**  
**1 unit unpaid employment = 60 work hrs**  
 [ 75 ÷ 12 wks = 6.5 hrs/wk ] or [ 75 ÷ 9 wks = 8.5 hrs/wk ]  
 [ 60 ÷ 12 wks = 5.0 hrs/wk ] or [ 60 ÷ 9 wks = 7.0 hrs/wk ]

Use the space below to describe your **SPECIFIC JOB DUTIES**:



EMPLOYER VERIFICATION FORM (To be completed by Employer)

Student's Name
Student Employee Job Title
Company Name
Address
City State Zip Code
Supervisor Name
Supervisor Title

- 1. A San Joaquin Delta College student is employed under my supervision. This employment station will provide learning experiences, which include new or expanded job training.
2. The student will be accepted and assigned to jobs and otherwise treated without regard to race, color, national origin, gender or disability.
3. The student / employee will be informed of the rules, regulations and duties of the job assignment.
4. The supervisor will provide adequate supervision for the student / employee on the job.
5. The employer will provide Workers' Compensation insurance coverage for the student / employee and provide evidence to the college upon request.
6. If the employer does not pay the student, the company may not provide Workers' Compensation coverage for the student.
7. The supervisor will maintain records of student / employee attendance and achievement.
8. The supervisor will provide verification of work hours at the end of the semester.
9. The supervisor will complete the Employer Evaluation form provided by the student at the end of the semester.
10. The supervisor will confer with the San Joaquin Delta College Occupational Work Experience instructor regarding student progress in meeting the Occupational Work Experience objectives.
11. The supervisor will inform the Occupational Work Experience Office if the student is being considered for termination.
12. The student / employee will adhere to San Joaquin Delta College Confidentiality Policy.

The Employer agrees that San Joaquin Delta College shall at all times, including the Occupational Work Experience student's travel to and from their study / Occupational Work Experience, be held harmless under the State of California Workers' Compensations Laws. Furthermore, the Employer agrees that if an accident or injury occurs during the course of this Occupational Work Experience it shall be the sole and exclusive responsibility of the Employer as to remedies and treatments associated with Workers' Compensation. Moreover, that the San Joaquin Delta College campus setting shall, for the purpose of the Occupational Work Experience, be viewed as part of the Employer's workplace as it relates to Occupational Work Experience participants.

Give a brief description of planned duties for this student employee in the space below:

Employer/Supervisor's Signature

Date

THIS COMPLETED AND SIGNED FORM MUST BE RETURNED BY THE STUDENT TO THE ASBT DIVISION OFFICE LISTED BELOW:

San Joaquin Delta College
Applied Science, Business & Technology Office, Holt 140
Occupational Work Experience Office
5151 Pacific Avenue
Stockton, CA 95207
Tel: (209) 954-5230

In compliance with Federal Disclosure Law this evaluation must be shared with the student if requested.