

# DIXON PUBLIC SCHOOLS #170

*"A Place to Grow"*

*www.dps170.org*

1335 Franklin Grove Road  
Dixon, Illinois 61021

Phone: (815) 284-7722  
Fax: (815) 284-8576

## S.W.A.P.

### 2017 Student Employment Application and Contract

Please Print

**Student Name:** \_\_\_\_\_ Primary Phone #: \_\_\_\_\_  
(Last) (First) (M.I.) Secondary Phone #: \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

**Fall 2017 Grade Level:** \_\_\_\_\_ **Name of Sport (s) I am working for:** \_\_\_\_\_

Are you working to pay for other family member's athletic fees?  Yes  No

#### ***Sibling #1***

Student Name: \_\_\_\_\_ 2017-18 Grade Level: \_\_\_\_\_

Name of Sport (s): \_\_\_\_\_

#### ***Sibling #2***

Student Name: \_\_\_\_\_ 2017-18 Grade Level: \_\_\_\_\_

Name of Sport (s): \_\_\_\_\_

#### ***Sibling #3***

Student Name: \_\_\_\_\_ 2017-18 Grade Level: \_\_\_\_\_

Name of Sport (s): \_\_\_\_\_

#### ***Sibling #4***

Student Name: \_\_\_\_\_ 2017-18 Grade Level: \_\_\_\_\_

Name of Sport (s): \_\_\_\_\_

**1 sport = 16 hours / 2 sports = 25 hours / 3 sports = 34 hours/ Family Cap of \$300.00 = 37.5 hours  
DHS students are able to work toward RMS athletic fees for siblings.**

#### **Please check all the date blocks you are available to work:**

May 24 - June 9       June 10 - June 23       June 24 - July 12       July 13 - August 9

**Please check the times you are available to work:**  7:00am - 11:00am       11:30am - 3:30pm       Full Day

**Parent Name:** \_\_\_\_\_ Phone #: \_\_\_\_\_  
(Last) (First) (M.I.)

**Address:** \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

Please list any medical concerns that could interfere with your child's ability to participate in the SWAP program: (i.e., allergies to chemicals, asthma, bee stings, etc.) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Program Expectations:**

- Students are expected to be on the job at all scheduled hours and will perform the duties assigned to them.
- Students will be responsible for signing time card at the beginning of the shift and at the end of the shift.
- All call offs must be reported to Mrs. Sward, preferably 24 hours in advance. Mrs. Sward can be reached at: (815) 285-8858 or (815) 677-1702.
- Students are expected to comply with all directives which are related to the job assignment, work performance and safety guidelines.
- Student's daily work performance will be assessed by SWAP supervisors. Students will be expected to perform at the level of 3 or higher, on a scale of 1 to 4. If the Supervisor determines the student is not displaying adequate performance, the issue will be addressed with the student and he/she will be given the opportunity to rectify the situation, within that same shift. If there has been no improvement in performance throughout the remainder of the shift, the student will not receive credit for time worked that day. Students will be given one opportunity to schedule another shift to make up for time lost, due to low performance.
- Students are expected to develop and maintain positive relationships and positive attitudes in all dealings with supervisors, fellow crew members, and maintenance staff.
- Students will be covered under Dixon Public Schools' Workman's Compensation Medical Coverage.
- Students are NOT allowed to use cell phones during work time. Phone calls or text messages can be returned during scheduled break times only.
- No money will be exchanged. Students will "earn" \$8.00 for each hour of work.
- Should a student choose to leave the program or be terminated, the amount "earned" will be calculated and noted as a credit on the student's account.
- Should the student decide to not participate in a sport activity or quit the sport/activity all "earned" fees are forfeited.

**This Portion to Be Completed by Student and Parent:**

If I am unavailable at the time of an emergency, I give Dixon Public Schools #170 permission to seek emergency treatment for my child listed below, I also give the above named physician or KSB Hospital Emergency Room permission to give immediate treatment in my absence.

I will comply with the terms of employment above and realize that failure to meet these terms may result in termination from the SWAP program. I further understand that I will be placed on an "inactive" list if I fail to show up for any assigned shift, if I refuse to work assigned shifts, or I do not give 24 hours advanced notice of being unable to work.

I also give permission for Dixon Public Schools to use my name and photograph associated with any publication and/or media release pertaining to the S.W.A.P. program.

_____	_____	_____
<b>Date</b>	<b>Student's Name (please print)</b>	<b>Student's Signature</b>
_____	_____	_____
<b>Date</b>	<b>Parent/Guardian Name (please print)</b>	<b>Parent/Guardian Signature</b>