

JOB ORIENTATION ASSIGNMENT

Student Name _____

Date of Job Orientation: _____ Time: _____

Mark = /25 (Knowledge) Date Due : _____

This assignment is to be completed by the student and returned to the Co-op Teacher following your job orientation. Please print.

Business/Organization Name:	Supervisor Name: (First & Last)
Address: (Number, Street, City & Postal Code)	
Placement Phone:	Fax Number:
Distance to your Co-op placement from school or home (one way)	How will you travel to and from Co-op?
What are the parking arrangements at your placement? <input type="checkbox"/> Parking lot <input type="checkbox"/> Street <input type="checkbox"/> Parking garage <input type="checkbox"/> Other _____	Will it cost you to park? <input type="checkbox"/> Yes – cost _____/day/month <input type="checkbox"/> No
Where can you leave your belongings? <input type="checkbox"/> Locker <input type="checkbox"/> Car <input type="checkbox"/> Staff lounge <input type="checkbox"/> Other _____	Is the Co-op placement divided into departments? <input type="checkbox"/> Yes _____ (# of dept.) <input type="checkbox"/> No
What department(s) will you be working in?	Who will you be working with? (Identify by name and position)

<p>Are there specific washrooms for the employees? Where? <input type="checkbox"/> Yes _____ (location) <input type="checkbox"/> No</p>	<p>What are your hours of work at your placement? Start Time _____ End Time _____</p>
<p>Will you be punching in on a time clock, using an honour system or signing in when you arrive at Co-op? <input type="checkbox"/> Punching in on a time clock <input type="checkbox"/> Signing in using a log book <input type="checkbox"/> Honour system <input type="checkbox"/> Other _____ (specify)</p>	
<p>What type of dress is appropriate? <input type="checkbox"/> School uniform <input type="checkbox"/> Business casual <input type="checkbox"/> Other (please specify)</p>	<p>What Personal Protective Equipment (PPE) will you require for your Co-op experience?</p>
<p>Who will provide the Personal Protective Equipment that you will require?</p>	<p>What are some hazards that you might encounter at your placement?</p>
<p>To whom do you report an accident at the workplace?</p>	<p>What are the fire regulations at the Co-op placement?</p>
<p>Where are the fire extinguishers located?</p>	<p>Describe the procedure that is to be followed in case of an emergency.</p>
<p>Is there a first aid kit available? <input type="checkbox"/> Yes Location <input type="checkbox"/> No</p>	

Will your Co-op employer provide any specific health and safety training at your Co-op placement? Explain.

Who will provide the workplace specific health and safety training? (Name required)

In conversation with your employer, what tasks will you be doing in the....

a) first month of work....

b) second month of work

c) final month of your placement....

Please attach 2 business cards from your employer