

# APPLICATION FOR EMPLOYMENT FEDERAL WORK-STUDY PROGRAM

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## PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

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

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE NUMBER \_\_\_\_\_ ARE YOU AT LEAST 18 YEARS OR OLDER? \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ COLLEGE MAJOR \_\_\_\_\_

ARE YOU A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE U.S.? \_\_\_\_\_

## EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? \_\_\_\_\_ IF SO, HOW MANY HOURS PER WEEK? \_\_\_\_\_

EVER APPLIED FOR OR WORKED UNDER THE WORK-STUDY PROGRAM BEFORE? \_\_\_\_\_  
 IF SO, WHEN? \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

**EDUCATION** DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED? \_\_\_\_\_

HAVE YOU ATTENDED ANY OTHER COLLEGES? \_\_\_\_\_ IF SO, DID YOU EARN A DEGREE? \_\_\_\_\_

WHAT IS YOUR EXPECTED GRADUATION DATE FROM TCCC? \_\_\_\_\_

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

SPECIAL SKILLS/QUALIFICATIONS \_\_\_\_\_

## FORMER EMPLOYMENT

(LIST BELOW THE LAST THREE EMPLOYERS, STARTING WITH THE  
LAST ONE FIRST)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING	MAY WE CONTACT EMPLOYER (Y/N)
FROM TO				
FROM TO				
FROM TO				

**REFERENCES**

LIST THE NAMES OF THREE INDIVIDUALS (NOT RELATED TO YOU) OF WHOM WE MAY CONTACT THAT YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	BUSINESS	PHONE	YEARS ACQUAINTED
1.			
2.			
3.			

**IN THE CASE OF AN EMERGENCY NOTIFY**

NAME	ADDRESS	HOME PHONE	WORK PHONE

**"I CERTIFY THAT THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS TRUE AND ACCURATE TO MY KNOWLEDGE. I ALSO UNDERSTAND THAT IF HIRED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.**

**I UNDERSTAND, AND AM IN AGREEMENT, THAT IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND CAUSE."**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE COMPLETED

**FOR OFFICE USE ONLY:**

INTERVIEWED BY: \_\_\_\_\_ DATE OF INTERVIEW: \_\_\_\_\_

REMARKS: \_\_\_\_\_

WAS APPLICANT PRESENTABLE (NEAT)? \_\_\_\_\_

DID THE APPLICANT HAVE THE ABILITY TO PERFORM THE TASKS NEEDED? \_\_\_\_\_

WAS THE APPLICANT ACCEPTED OR DECLINED?    ACCEPTED        DECLINED

EXPLAIN: \_\_\_\_\_

\_\_\_\_\_  
POSITION

\_\_\_\_\_  
DEPARTMENT

\_\_\_\_\_  
FIRST DAY OF WORK

\_\_\_\_\_  
SUPERVISOR/INTERVIEWER'S SIGNATURE

\_\_\_\_\_  
WORK-STUDY COORDINATOR