

APPLICATION FOR EMPLOYMENT

FEDERAL WORK-STUDY PROGRAM

*Tri-County Community College does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Specific complaints of alleged discrimination under Title IX (sex) and Section 504 (handicap) should be referred to: Director of Human Resources
Julia Hall 828-835-4299*

PERSONAL INFORMATION

DATE _____

NAME _____ SOCIAL SECURITY # _____
LAST FIRST MIDDLE

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)

<i>DATE MONTH & YEAR</i>	<i>NAME & ADDRESS OF EMPLOYER</i>	<i>POSITION</i>	<i>REASON FOR LEAVING</i>
FROM TO			
FROM TO			
FROM TO			

REFERENCES

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

NAME	BUSINESS	PHONE	YEARS AQUATINTED
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1. _____

2. _____

3. _____

IN THE CASE OF AN EMERGENCY NOTIFY

NAME	ADDRESS	HOME PHONE	WORK PHONE
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“I CERTIFY THAT THE INFORMATION CONTAINED WITHIN THIS APPLICATION ARE 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 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