



2010-2011 Application for Student Worker Program

**Please Print Clearly

Personal Information

Name: Last First MI
TBC ID #: TBC Box:
TBC Email: Drivers License? Yes: No:
Permanent Address: Address City State Zip
Summer Phone # Phone #

General Information

Name of position sought (from Student Worker List):
Program of Study:

Education/Training/Skills

Name of School
Course of Study
Degrees, Certificates, Occupational Licenses

High School GPA:

Check all skills that apply:

- Typing/wpm, Accounting, Maintenance, Computer-Tech Support, Tutoring, Mechanic, Post Office, Childcare, Carpentry, Cash Register, Custodial, Electrical, Filing/Receptionist, Food Service, Masonry

Other qualifications to consider:
Special skills/abilities/certificates/license(s)/equipment operated:

Military Information

Are you a veteran? Yes: No: Branch:
Dates of Service: From: To:

Work History Information

Presently employed? Yes: No: If yes, may we contact your employer? Yes: No:
Employer's Phone: _____

Please complete the work history section starting with your present or most recent job first

A. Company _____
 Job Title _____
 List specific tasks completed on the job:

 Date Started: _____
 Mo Day Year
 Date Ended: _____
 Mo Day Year
 City _____ State _____
 Hours worked per week _____
 Machines/equipment you have operated:

 Wage: \$ _____ per _____
 Reason for leaving _____

B. Company _____
 Job Title _____
 List specific tasks completed on the job:

 Date Started: _____
 Mo Day Year
 Date Ended: _____
 Mo Day Year
 City _____ State _____
 Hours worked per week _____
 Machines/equipment you have operated:

 Wage: \$ _____ per _____
 Reason for leaving _____

Please summarize any other work history you may have: _____

References: Please list three individuals you are not related to and are not previous employers

Reference 1	Reference 2	Reference 3
_____	_____	_____
_____	_____	_____
_____	_____	_____
(____) _____	(____) _____	(____) _____

This is to certify that the above information listed is correct to the best of my knowledge. I authorize its release to potential employers. I also understand that employment will depend upon continuing satisfactory work performance.

Applicant Signature: _____ Date: _____

For Supervisor Use Only

Date resume received: _____ Date final contact made _____ Hired: Yes: No:
 Position name: _____ Annual award amount: _____ Wage: _____
 Comments: _____

Supervisor Signature: _____ Date: _____

Date received by Financial Aid Office: _____ Date entered in spreadsheet: _____
 Annual award eligibility: _____ Date entered in EMPOWER: _____