



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 _____

Degree, Certificate, Occup. License _____

High School GPA: _____

Check all skills that apply:

- | | | |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Typing/_____wpm | <input type="checkbox"/> Accounting | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Computer-Tech Support | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Mechanic |
| <input type="checkbox"/> Post Office | <input type="checkbox"/> Childcare | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Cash Register | <input type="checkbox"/> Custodial | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Filing/Receptionist | <input type="checkbox"/> Food Service | <input type="checkbox"/> 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: _____

