

# STUDENT WORKER EMPLOYMENT APPLICATION

## Waycross College Library

2001 S. Georgia Parkway

Waycross, GA 31503

(912) 449-7515 Phone

(912) 449-7611 Fax

<http://www.waycross.edu>

### PERSONAL INFORMATION

Name \_\_\_\_\_ SS No. \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_  
Home (Area Code) Cell (Area Code)

CITIZEN OF U.S.A. Yes No

Position Applied For: \_\_\_\_\_ Work Study: \_\_\_\_\_ Student Assistant: \_\_\_\_\_

Do You Qualify for the College Work Study Program? Yes No

How many hours would you like to work? \_\_\_\_\_

NEED AMOUNT \$ \_\_\_\_\_ ← **Get this information from Financial Aid** → Signature \_\_\_\_\_

Have you ever been convicted of a crime or are any criminal charges pending against you for violating any law? (Omit minor traffic violations)  Yes  No

### JOB INTERESTS/SKILLS

Have you applied for a position here before? Yes No If yes, when? \_\_\_\_\_

Date you could begin working \_\_\_\_\_

Computer skills? Yes No

Summarize any other special skills or qualifications

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY(LIST MOST RECENT FIRST)**

1. Employer \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)  
Supervisor \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_  
Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_  
May we contact this employer? Yes No

2. Employer \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)  
Supervisor \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_  
Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_  
May we contact this employer? Yes No

3. Employer \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)  
Supervisor \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_  
Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_  
May we contact this employer? Yes No

**PERSONAL REFERENCES: (Other than relatives)**

Name	Address	Occupation	Phone

**CERTIFICATION STATEMENT:**

I certify that the information given on this application is true, complete, and correct to the best of my knowledge. I understand that information on this application is subject to verification and that omissions or fraudulent misrepresentation may be cause for rejection, or dismissal if I am employed.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_