

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

Position Applied For: _____ Date: _____

Work Study: ____ Student Assistant: ____

Name _____ ID No. _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip Code)

Telephone: _____
Home (Area Code) Cell (Area Code)

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

Unmet Need Amount Per Semester: \$ _____ (Get this information from Financial Aid)

FA Signature _____ Date Signed _____

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 N

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 _____