



## 2018-2019 Employment Application for Student Employment

Student must maintain a 2.0 cumulative GPA and be enrolled in 6 credit hours per semester (summer semester 3 credit hours) to be considered for employment

<b>GENERAL INFORMATION</b>	
Name _____	
Last	First
Middle	
Address _____	
Street	City
County	State
Zip	
Phone _____	ECC Student ID/SS# _____
E-Mail Address _____	
Position Applying For: _____	
Did a specific person or department offer you work study employment?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide person's name _____	
Are you currently enrolled in credit classes at ECC? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Credit hours enrolled in this semester _____	
Have you filed for financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you reviewed your award letter on the student portal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If hired, can you provide proof of eligibility to work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you an International Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When do you plan on graduating or transferring from ECC? _____	
<b>EDUCATION</b>	
High School Last attended: _____ <input type="checkbox"/> Diploma <input type="checkbox"/> GED	
College Name and Location: _____	
College Major: _____	
<b>Availability (Indicate actual hours available)</b>	
Semester: _____	Semester: _____
Mon _____ to _____    Tue _____ to _____	Mon _____ to _____    Tue _____ to _____
Wed _____ to _____    Thu _____ to _____	Wed _____ to _____    Thu _____ to _____
Fri _____ to _____    Sat _____ to _____	Fri _____ to _____    Sat _____ to _____

**JOB SKILLS**

Check and state kind of office equipment you can operate:

Calculator  Computer  Copier  Fax  Word Processing

List Languages (other than English) which you speak that would enhance your performance in this position:

\_\_\_\_\_

List any additional skills you have: \_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE**

Current or previous employer:

1. Name of organization \_\_\_\_\_ Start Date/End Date \_\_\_\_\_

Job Title and Duties \_\_\_\_\_

\_\_\_\_\_

Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Reason for leaving \_\_\_\_\_

2. Name of organization \_\_\_\_\_ Start Date/End Date \_\_\_\_\_

Job Title and Duties \_\_\_\_\_

\_\_\_\_\_

Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Contact in case of emergency:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

To the best of my knowledge, all statements in this application are correct. In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in my discharge. Nothing on this application is intended to create or imply a contractual relationship. If hired, I understand that employment may be terminated with or without cause at any time.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE:**

FWS

IWS

Eligible for \_\_\_\_\_ hrs/week

	Summer	Fall	Spring		Dept. & Date	Dept. & Date	Dept. & Date
GPA							
Enrollment							