



**Gaston College**  
**WORK-STUDY APPLICATION**

STUDENT INFORMATION			
<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Telephone Number(s)</b>		<b>Social Security # or Student I.D</b>	
<b>Classification</b> (Freshman, Sophomore, etc.)	<b>Expected Graduation Date</b>	<b>Major</b>	<b>Overall GPA</b>
<p><b>Have you ever held a Work-Study position before?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what position did you hold and where? _____</p>			
<p><b>Have you ever been convicted of a misdemeanor or felony?</b> (exclude minor traffic violations) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain.</p> <p>_____</p> <p>_____</p>			
<p><b>Type of position preferred:</b></p> <p>_____</p> <p>_____</p>			
<p><b>How many hours can you work per week?</b> <input type="checkbox"/> 10-15 hours per week <input type="checkbox"/> 5-10 hours per week <input type="checkbox"/> Less than 5 hours per week</p>			
<p><b>Are you currently receiving the Federal Pell Grant?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p><b>Are you currently receiving any Scholarships?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p><b>What is your current class schedule?</b> _____</p> <p>_____</p> <p>_____</p>			
SKILLS & ABILITIES			
<p>Please check what best describes your skills and abilities.(check all that apply)</p> <p> <input type="checkbox"/> Typing (WPM _____)              <input type="checkbox"/> Filing              <input type="checkbox"/> Excel              <input type="checkbox"/> Word              <input type="checkbox"/> PowerPoint              <input type="checkbox"/> Access  <input type="checkbox"/> Customer Service              <input type="checkbox"/> Receptionist Skills              <input type="checkbox"/> Data Entry              <input type="checkbox"/> Child Care              <input type="checkbox"/> Organizational Skills  <input type="checkbox"/> Proficiency with office equipment (copier, fax, scanner, calculator, etc.)         </p>			

**(Over)**

## EXPERIENCE

Please list most recent to oldest employer

Employer: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Briefly describe your duties and responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Briefly describe your duties and responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Briefly describe your duties and responsibilities: \_\_\_\_\_  
\_\_\_\_\_

## NOTIFY IN CASE OF EMERGENCY

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Address City State Zip Code  
Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

## CERTIFICATION

I hereby certify that all entries are true and complete and I agree and understand that any falsification of information herein, regardless of time of discovery, may result in immediate termination of employment. I understand that all information on this application is subject to verification and I consent to criminal history background checks.

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