



Gaston College
WORK-STUDY APPLICATION

STUDENT INFORMATION			
Last Name	First Name	MI	
Street Address	City	State	Zip Code
Telephone Number(s)	Social Security # or Student I.D		
Classification (Freshman, Sophomore, etc.)	Expected Graduation Date	Major	Overall GPA
<p>Have you ever held a Work-Study position before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what position did you hold and where? _____</p>			
<p>Have you ever been convicted of a misdemeanor or felony? (exclude minor traffic violations) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain.</p> <p>_____</p> <p>_____</p>			
<p>Type of position preferred:</p> <p>_____</p> <p>_____</p>			
<p>How many hours can you work per week? <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>Are you currently receiving the Federal Pell Grant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>Are you currently receiving any Scholarships? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>What is your current class schedule? _____</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: _____

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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: _____