



**Gaston College
WORK-STUDY APPLICATION**

STUDENT INFORMATION

Last Name	First Name	MI	
Street Address	City	State	Zip Code
Telephone Number(s)		Student ID or Social Security #	
	Expected Graduation Date	Major	

Have you ever held a Work-Study position before? Yes No

If yes, what position did you hold and where? _____

Have you ever been convicted of a misdemeanor or felony? (exclude minor traffic violations) Yes No

If yes, please explain.

Type of position preferred:

How many hours can you work per week? 10-15 hours per week 5-10 hours per week Less than 5 hours per week

Are you currently receiving the Federal Pell Grant? Yes No

Are you currently receiving any Scholarships? Yes No

SKILLS & ABILITIES

Please check what best describes your skills and abilities.(check all that apply)

- Typing (WPM_____)
 Filing
 Excel
 Word
 PowerPoint
 Access
 Customer Service
 Receptionist Skills
 Data Entry
 Child Care
 Organizational Skills
 Proficiency with office equipment (copier, fax, scanner, calculator, etc.)

(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: _____