

WIREGRASS GEORGIA TECHNICAL COLLEGE APPLICATION FOR CAREER SERVICES

Name: _____
 (Last) (First)

Date: _____

NOTE: Please return this application to the Career Services Office or email to jobplacement@wiregrass.edu or fax to 229-333-2153 (Valdosta Campus) or 229-468-2110 (Ben Hill-Irwin Campus). This request will be kept on file for six (6) months. It is your responsibility to notify the Career Services Office that you have either accepted employment or would like to have your request maintained beyond six (6) months.

I. PERSONAL DATA (please print)				
Program:		Address:		
Are you a graduate of this program? ____ Yes ____ No		City, State, Zip:		
Student ID Number:		Telephone(s):		
E-mail Address:		Additional Telephone(s):		
II. TYPE OF EMPLOYMENT DESIRED				
Type of Work Desired:		Earliest Date Available for Work:		
Type of Employment Desired: _____ Part-Time _____ Full-Time				
Are you interested in temporary work? _____ Yes _____ No				
Are you willing to work? ____ Weekends ____ Nights ____ Overtime (Check all that apply.)				
List the hours that you are able to work:		Minimum Salary Desired:		
Geographical Locations Preferred:				
Are you willing to relocate to another area? ____ Yes ____ No		Geographic Preference:		
III. VOCATIONAL TECHNICAL EDUCATION BACKGROUND				
Are you presently enrolled at Wiregrass Georgia Tech: ____ Yes ____ No ____ Day Classes ____ Night Classes				
Which program are you enrolled in at the present time?				
Expected graduation date:				
IV. SUMMARY OF SKILLS				
Please check any of the skills where you have expertise: ____ Typing (____ wpm) ____ Calculator ____ Computer ____ Bookkeeping/Accounting				
Please list any computer programs that you can use independently without extensive training.				
To assist us in finding the proper position for you, please summarize any additional information necessary to describe your full qualifications. List any other special skills or qualifications that you may have and indicate length of time for each:				
V. EDUCATION (other than Wiregrass Georgia Technical College)				
Education	Name and Location of School	Dates	Did You Graduate?	Programs or Courses
College				
High School				

Other			
VI. EMPLOYMENT HISTORY (List most recent employment first.)			
Company Name:		From:	To:
Address:		Starting Salary:	Final Salary:
Supervisor's Name:		Type of Business:	
Telephone:		Job Title:	
Job Duties:			
Reason for Leaving:			
Company Name:		From:	To:
Address:		Starting Salary:	Final Salary:
Supervisor's Name:		Type of Business:	
Telephone:		Job Title:	
Job Duties:			
Reason for Leaving:			
Company Name:		From:	To:
Address:		Starting Salary:	Final Salary:
Supervisor's Name:		Type of Business:	
Telephone:		Job Title:	
Job Duties:			
Reason for Leaving:			
VII. SIGNATURE			
<p>The above information is true and correct to the best of my knowledge. I understand that this application will be kept on file for (6) months and that it is my responsibility to notify the Career Services Office that I have either accepted employment or would like to have my application maintained beyond six (6) months.</p>			
_____			_____
Signature			Date

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