



TEMPLE COLLEGE
TEMPLE, TEXAS

REQUEST FOR STUDENT EMPLOYMENT

LAST NAME FIRST NAME MIDDLE INITIAL SOCIAL SECURITY #

ADDRESS WHILE ATTENDING TC.: _____

PHONE NUMBER: () _____

PERMANENT ADDRESS: _____

MAJOR AT TC.: _____ HOURS ENROLLED: _____

WHEN WILL YOU COMPLETE YOUR COURSEWORK AT TC.? _____

EXPERIENCE:

<u>NAME OF FIRM</u>	<u>ADDRESS</u>	<u>DATES OF EMPLOYMENT</u>	<u>TYPE OF WORK</u>

WHAT DAYS AND HOURS ARE YOU AVAILABLE FOR WORK?

DAYS? Monday Tuesday Wednesday Thursday Friday
Hrs? M _____ Tu _____ W _____ Th _____ F _____

JOB SKILLS: _____
TYPING _____ WPM COMPUTERS _____ IBM MAC APPLE (CIRCLE ONE)

LIST ANY OTHER SKILLS: _____

REFERENCES:

NAME	NAME	NAME
ADDRESS	ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP	CITY STATE ZIP

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I AM ALSO AWARE THAT I MUST BE ENROLLED AT LEAST ON A HALF-TIME BASIS.

STUDENT SIGNATURE _____

DATE _____