

Cooperative Education/Job Placement Program

Bailey Center, 10th floor - P.O. Box 2000, Hanceville, AL 35077-2000
Ph. (256) 352-8133 or (256) 352-8178 Fax (256) 352-8188

Name: _____ Phone: _____ e-mail: _____

Address: _____ City _____ State _____ Zip _____ Major: _____

Student # _____ Freshman Sophomore Graduate Non-Student

High School or GED School Attended: _____ Year Graduated: _____

Are you eligible for work-study? Yes No

Military Training: Yes No If yes, list dates _____ Branch of Service: _____

CHECK WORK SKILLS AND SPECIAL INTERESTS ON ATTACHED SHEET

In order to complete application process, please include resume.

Resume included Will bring resume on (date) _____

Need assistance with resume and will visit Co-op office to do resume on: _____

Work Experience (Begin with most recent job):

Employer _____ Dates _____
Address _____ City _____ State _____ Zip _____
Nature of skills _____ Phone _____

Employer _____ Dates _____
Address _____ City _____ State _____ Zip _____
Nature of skills _____ Phone _____

Employer _____ Dates _____
Address _____ City _____ State _____ Zip _____
Nature of skills _____ Phone _____

FULL NAME OF REFERENCES	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify the above information is true and correct. I authorize Wallace State College to release my information, resume and transcript to prospective employers or private agencies for the purpose of assisting me in securing employment. I agree to adhere to appropriate business etiquette in dealing with all employers. I understand the information will otherwise be kept confidential.

Applicant Signature: _____ Date: _____

Referrals: (Office Use only)

Company	Date Referred	Updated:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list class times on appropriate days and semester below

		FALL	SPRING	SUMMER
MON				
TUES				
WED				
THUR				
FRI				
SAT				

Check semester enrolled: 1st 2nd 3rd 4th other

Applying for: Part-time work Full-time work Check desired hours per week: 15-20 30-40

Check days available/willing to work:

Monday hours available _____
 Tuesday hours available _____
 Wednesday hours available _____
 Thursday hours available _____
 Friday hours available _____
 Saturday hours available _____
 Sunday hours available _____

Date started, or plan to start, at Wallace State College _____

Transferring to 4 year college: Yes ___ No ___ If yes, where & when _____

For this application to remain active, I will check in with the Co-op/Job Office often and will notify them when I find a job.

Signature

Date

