

WILKES COMMUNITY COLLEGE
Work-Based Learning Application

Student Name: _____ **Date:** _____
Last Name First MI

Cell Phone: _____ **Alternate Phone:** _____

Address: _____
PO Box / Street City State Zip

High School Graduate: Yes _____ No _____ **Graduation Year:** _____ **Requested Semester:** _____

Program of Study: _____ **Advisor:** _____

Grade Point Average: _____ **Semester Hrs. Completed:** _____ **Projected Graduation Date:** _____

Time Available to Work: Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____ Sunday _____

Planned Worksite or Preferred Location _____

Worksite Type _____ **Prior work experience:** No _____ Yes _____
(Industrial, Retail, Restaurant, Governmental etc)

Other Considerations for Students

Serious Illness or Physical Limitations: No _____ Yes _____ If yes, please explain: _____

Have you ever been convicted of an unlawful act other than a minor traffic violation? No _____ Yes _____
If yes, please explain: _____

Have you ever been discharged or asked to resign from a position? No _____ Yes _____
If yes, please explain: _____

General Employment History/Experience (last position first)

Employer: _____ **Supervisor:** _____

Address: _____ **Phone:** _____

Dates Employed: *From* _____ *To* _____ **Duties:** _____

Employer: _____ **Supervisor:** _____

Address: _____ **Phone:** _____

Dates Employed: *From* _____ *To* _____ **Duties:** _____

Wilkes Community College abides by the Family Educational Rights and Privacy Act of 1974 to protect the student educational records.

Student Signature: _____

WCC Director of WBL Signature: _____