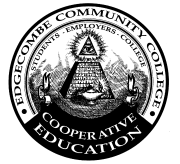




EDGCOMBE COMMUNITY COLLEGE



Work-Based Learning Application

*****PLEASE COMPLETE ALL BLOCKS UNLESS SECTION IS MARKED OPTIONAL OR DOES NOT APPLY**

NAME (LAST, FIRST, MIDDLE INITIAL)		STUDENT ID #		DATE	
STREET ADDRESS		PHONE NUMBER-HOME		CELL PHONE	
CITY, STATE, ZIP		PHONE NUMBER-WORK/OTHER		ACADEMIC ADVISOR	
EMAIL ADDRESS		GPA	TOTAL HOURS COMPLETED		MAJOR
MILITARY EXPERIENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> RESERVE RANK/RATING				PROJECTED GRADUATION DATE	
FINANCIAL AID? <input type="checkbox"/> YES <input type="checkbox"/> NO WHAT TYPE?			ELIGIBLE TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		

PLACEMENT INFORMATION

If you are looking for employment...

AREA LOCATION PREFERENCES:		HOURS AVAILABLE	
TYPE OF PLACEMENT PREFERRED (INDUSTRIAL, COMMERCIAL, GOVERNMENT AGENCY, DAY CARE, SCHOOL, OFFICE, ETC.)			
FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>			

If you are presently employed...

PLACE OF EMPLOYMENT:		HOURS per week	
SUPERVISOR:		PHONE NUMBER	
CAN YOUR PRESENT EMPLOYER BE USED FOR YOUR WBL PLACEMENT: YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE <input type="checkbox"/>			

WORK EXPERIENCE (START WITH MOST RECENT EXPERIENCES)

COMPANY	DATES EMPLOYED	POSITION	REASON FOR LEAVING	REMARKS

REMARKS (WBL/Placement Use Only)

EQUAL EMPLOYMENT STATISTICAL INFORMATION (OPTIONAL)

Age:		Weight:		Height:	
Race: <input type="checkbox"/> Spanish <input type="checkbox"/> Black <input type="checkbox"/> Indian American <input type="checkbox"/> Caucasian <input type="checkbox"/> Oriental <input type="checkbox"/> Pacific Islander					

TRANSCRIPT AND RESUME AUTHORIZATION

I hereby authorize the Work-Based Learning (WBL) office to acquire copies of my official Edgcombe Community College transcript for as long as I remain enrolled in the WBL Program. It is understood that my transcript and resume shall become a permanent part of my WBL file. Additionally, I authorize the disclosure of any or all transcript information and my resume to cooperating employers only. I further understand that under N.C. General Statute 96-8K14, as a cooperative education student I am not eligible for unemployment compensation.

Signature of Student

Date

APPROVAL FOR WORK-BASED LEARNING PROGRAM

Signature of Academic Advisor

Signature of Work-Based Learning Designee