|  |  |
| --- | --- |
| **Feather River Community College District****Application for Student Employment**570 Golden Eagle Avenue, Quincy, CA 95971 Telephone: (530) 283-0202, ext. 313[www.frc.edu](http://www.frc.edu) Email: kdrybread@frc.edu |  |

|  |
| --- |
| Applicant Information |
| Last Name: |       | First: |       | Student ID #: |       |
| Street Address |       | P.O. Box: |       |
| City: |       | State: |       | ZIP: |       |
| Phone: | (   )    -     | E-mail Address: |       |
| Positions Applying For: | 1)       | 2)       |
|  | 3)       | 4)       |
|  | 5)       | 6)       |
|  |
| Education |
| High School: |       | Address: |       |
| From |      | To |      | Did you graduate? | YES [ ]  | NO [ ]  |  |
| College: |       | Address: |       |
| From |      | To |      | Did you graduate? | YES [ ]  | NO [ ]  | Degree/Major |       |
| Other: |       | Address: |       |
| From |      | To |      | Did you graduate? | YES [ ]  | NO [ ]  | Degree/Major |       |
|  |
| Previous Employment |
| Company: |       | Phone: | (   )    -     |
| Address: |       | Supervisor: |       |
| Job Title: |       | Hours worked per week: |       |
| Responsibilities: |       |
| From |      | To |      | Reason for Leaving: |       |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  |
|  |
| Company: |       | Phone: | (   )    -     |
| Address: |       | Supervisor: |       |
| Job Title: |       | Hours worked per week: |       |
| Responsibilities: |       |
| From |      | To |      | Reason for Leaving: |       |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  |
| Personal statement |
| Do you have any experience that would be beneficial to the job for which you are applying? |
|       |
| What personal qualifications do you have for this particular position? |
|       |
| Do you have any additional information you would like the supervisor to consider? |
|       |
|  |
| Disclaimer and Signature |
| *I certify that the statements made by me in this application are true and complete to the best of my knowledge. I further understand that any false statements or omissions of material fact made on this application and/or any supplement may result in rejection from consideration of employment or termination of employment.* *I hereby authorize the District to verify all information, employers, and education institutions in this application and/or any supplement as may be necessary in arriving at an employment decision.* |
| Student Signature: |       | Date: |       |

|  |
| --- |
| emergency contact information |
| In case of an emergency, please notify: |  |
| Name: |       | Telephone: | (   )    -     |
| If unable to reach the above named individual, please notify: |
| Name: |       | Telephone: | (   )    -     |

**This application can be submitted in one of three ways:**

1. Email to Krystal Drybread @ kdrybread@frc.edu (an electronic signature is acceptable).
2. Drop off in person at the FRC Advising Center.
3. Send to Feather River College, Attn: Advising Center, 570 Golden Eagle Avenue, Quincy, CA 95971