

PLEASE REVIEW AND SIGN

Authorization: I understand the policies/procedures of the Piedmont Technical College Student Success Center and give my permission to release information to prospective employers, which could assist them in the hiring process.

Signature _____ Date _____

Please answer the following questions:

Name (Print) _____ Social Security # _____

Address _____ City, State & Zip _____

Phone # () _____ Alternative # () _____

E-Mail Address _____

Best Time to Contact _____

What type of work are you seeking? _____

Are you a current Piedmont Technical College student? ___ yes ___ no

If yes, what is your major? _____

And expected graduation date? _____

Are you a Piedmont Technical College graduate? ___ yes ___ no

If yes, what was your major? _____

And graduation date? _____

Are you available for: full-time work? ___ part-time work? ___ either? ___

Are you available for: 1st shift? ___ 2nd shift? ___ 3rd shift? ___ Rotating? ___

Weekends? ___ all shifts/no preference ___

Is there a minimum salary you will accept? ___ yes ___ no If yes, please specify: _____

Are you willing to relocate for employment? ___ yes ___ no

Are you willing to commute to work? ___ yes ___ no

***** Office Use Only *****

Date Entered: _____ Notes: _____