



Attention!!! Information on this application will be used to evaluate employment opportunities. This application is only valid for Fall 2009, Spring 2010, and Summer 2010 semesters. Completing this application does not guarantee a position.

Available Job Openings - [www.dctcjobs.com](http://www.dctcjobs.com)

**DEMOGRAPHIC INFORMATION** (Please Print Clearly) Student ID Number: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
Last First M.I.

Local Mailing Address: \_\_\_\_\_  
Street, Apt. # P.O. Box City State Zip

Phone #: \_\_\_\_/\_\_\_\_/\_\_\_\_ Alternative Phone #: \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail Address \_\_\_\_\_

U.S. Citizen?  Yes  No Have you applied for Financial Aid?  Yes  No **Are you applying for a specific job?**  Yes  No  
If yes, which one? \_\_\_\_\_

**WORK RELATED INFORMATION**

What is your major? \_\_\_\_\_

Have you ever been employed by DCTC?  Yes  No If yes, in what department? \_\_\_\_\_

Please indicate the time of day you are available to work:

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_

**Work Experience**

Employer	City	Type of Work	Length of Employment	Duties

**Skills/Training and Computer Knowledge:** \_\_\_\_\_

**CERTIFICATION**

I certify that all the information on this form is true and correct to the best of my knowledge. I authorize Dakota County Technical College to verify any or all of the information submitted with this request.

\_\_\_\_\_  
Student's Signature Date

Dakota County Technical College  
Member of Minnesota State Colleges and Universities  
Equal Opportunity Employer

**FINANCIAL AID**

**AUTHORIZATION** WORK STUDY ELIGIBLE?  YES  NO AMOUNT: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_