

TRiO Programs

Student Job Application
2300 E. Gibson Road | Suite 850 | Woodland, CA 95776

Phone: (530) 661-2285 | Fax: (530) 661-6202 | wcctrio@yccd.edu

APPLICANT INFORMATION												
Last Name:					First Name:			MI:		ID #:		
Date of Birth:					Position(s) applying for:					1		
					u have reliable ortation?			Campus Applying For: WCC Campus CCC Campus Cother:				
EDUCAT	ION											
EDUCATION High School:							GED H.S. diploma Certificate of Completion					
High School:												
From: To:						Did you graduate? ☐ Yes ☐ No						
College:					Γ			Degree:				
From:	From: To:							Did you graduate?				
Are you a registered student in the Yuba Communi College District?					Yes No If so, which campus?				pus?	Clea	ar Lake Yuba	
College semesters completed: 2				4+	Units enrolled this semester:				C	Cum GPA:		
						1						
AVAILABILITY												
Please mark "X" in the box that you are <u>available</u> to work.												
		Monday Tu			sday Wednesday			Thursday Fi		,	Are you	
	8-9 AM					j		•			available to	
	9-10 AM										work on the weekends?	
	10-11 AM 11-12 PM										Yes	
	12-1 PM										□ No	
	1-2 PM											
	2-3 PM											
	3-4 PM											
	4-5 PM											
	5-6 PM											
CEDTIEL	CATION											
CERTIFICATION												
I hereby certify that all statements made on this application and any attachments are true and complete to the best of my knowledge. I understand that any false, incomplete, or incorrect statements may result in my disqualification from the application process or dismissal from employment within the Yuba Community College District.												
I authorize TRiO/District Staff to investigate my references, work record, education or any other matters relating to my												
suitability for employment.												
• I authorize and direct my former and current employers and education institutions to release to TRiO/District Staff any information they may have concerning my employment or education.												
	•	•		~ .				manta or race	rda inaludi	na di	riving records, which are	
	oplicable to my e			Starr to ob	laiii ai	id feview ally c	iocui	ments of fect	ius, iliciuu	ing ai	.iving records, which are	
				om any and	d all li	iability related	to thi	is process of	supplying o	or gat	hering any information	
	• I release the parties listed above from any and all liability related to this process of supplying or gathering any information about my suitability for employment.											
 I authorize TRiO/District staff to access WCC/CCOF and other official transcripts needed to verify qualifications for this position. 												
Signature:									Dat	e:		