



CENTRAL COMMUNITY COLLEGE
PLACEMENT REGISTRATION

Date: _____

Name _____ SS# _____ - _____ Birth Date _____

Part-time _____ Full Time _____ Major: _____ Advisor: _____

Do you want to use this job for a Co-op Ed Internship _____ Credential File? _____

Current Address _____
(Street) (City) (State) (Zip)

Permanent Address _____
(Street) (City) (State) (Zip)

Telephone # _____ Message Phone # _____

E-mail Address _____ Are you a U.S. citizen? Y N

Number of hours available to work per week: _____

When available to work: (Circle) Mornings Afternoons Evenings Nights Weekends

If you have a disability or other barrier to employment, please explain _____

Type of Work Preferred: (Be specific) _____

EMPLOYMENT HISTORY

Table with 5 columns: Employer, Location, Job Title, Job Description, Start/End Dates

EDUCATION

Associates Degree _____ Diploma _____ Anticipated date of graduation: _____

Awards from other colleges: _____

Other certifications that might apply: _____

If seeking full-time, permanent employment

Are you willing to relocate? _____ If yes, where? _____

Minimum salary required? _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

SKILLS (Please list any skills or experience that would apply to employment)

Bilingual? Y N If yes, English and _____

Computer: _____

Keyboarding _____ wpm 10-Key _____ kpm

Word Processing (List software): _____

Spreadsheets: _____ Desktop Publishing: _____

Other Office skills: _____

Agricultural experience: _____

Technical (be specific): _____

Other skills: _____

This registration will be active for 6 months. You may request an extension by contacting your Placement Office.

I give permission to the Placement Office to release all pertinent information to potential employers upon request.

Signature

Date

REGISTRATION WITH THE NEBRASKA JOB SERVICE/WORKFORCE DEVELOPMENT OFFICE IS NOW AVAILABLE ON-LINE AT WWW.NEBRASKAWORKFORCE.COM.

If you do not have Internet access and would like a copy of this registration sent to the Job Service office, please complete the following, sign and provide us with a copy of a photo id.

Race: ___White ___Black ___Hispanic ___American Indian ___Asian/Pacific Islands

Sex: ___M ___F Veteran's Status: _____
(Branch) (Entry date/Release date)

I give permission to the Placement Office to forward a copy of this form to the local Job Service/Workforce Development Office for full-time permanent employment.

Signature

Date