



Student Employment Application Data Sheet

Admission Advising
& Career Center
1500 College Parkway
Elko, NV 89801
(775) 753-2180 (voice)
(775) 753-2311 (fax)
keitha.donovan@gbcnv.edu

Have you completed your FAFSA with the financial aid office? Yes No

Type of work you would like _____ Date of Application _____

Personal Data

Name _____ Current or new GBC Student? Yes No

Address _____ City, State, Zip _____

Telephone Number _____ E-mail Address _____

Have you ever worked for Great Basin College or NSHE? No Yes If Yes, give particulars: _____

List any other names you may have gone to school or worked under: _____

Work Placement Information

Major course of Study _____

Knowledge, Skills & Abilities _____

Long-term career plans _____

Job Data (List from most current)

Current/Last Employer _____ Length of Service _____

Contact Information for this employer _____

Illustrative Title and/or Duties _____

Reason for leaving this employer _____

Employer _____ Length of Service _____

Contact Information for this employer _____

Illustrative Title and/or Duties _____

Reason for leaving this employer _____

Job Data Comments (include here any employer you do NOT wish us to contact and why): _____

References (List name and contact info for three individuals who can speak to your personal or work-related behaviors)

1: _____

2: _____

3: _____

Great Basin College (GBC) is an Affirmative Action/Equal Opportunity educational institution. It is guided by the principle that equal opportunity means more than equal employment opportunity, and that access to facilities and services shall be available to all people regardless of their race, age, religion, color, sex, sexual orientation, disability, veteran status, or national origin. This principle is applicable to every member of the GBC/NSHE community, both students and employed personnel at every level, and to all facilities and services.

GBC employs United States citizens and persons lawfully authorized to work in the United States.

All qualified individuals are encouraged to apply.

Individuals with disabilities requiring accommodation during the hiring process should notify the Human Resources Office at (775) 753-2181 by the filing deadline.

Para la traducción de, o ayuda con, cualquier material de esta solicitud, pongasé en contacto con el departamento de Recursos Humanos al (775) 753-2181



REGENTS SERVICE PROGRAM APPLICATION

NAME: _____ SSN: _____

ADDRESS: _____ LOCAL PHONE: _____

_____ YEAR IN SCHOOL: _____

MAJOR: _____ RESIDENCY STATUS: _____

Note: Priority is given to Nevada residents

REGENTS REQUIREMENTS FOR ELIGIBILITY

CHECK ALL OF THE FOLLOWING THAT APPLY TO YOU - YOU MUST QUALIFY FOR AT LEAST ONE:

_____ HEAD OF HOUSEHOLD

_____ SINGLE PARENT

_____ AGE 22 OR OVER AND HAVE NEVER ATTENDED COLLEGE OR HAVE HAD A BREAK IN ENROLLMENT OF TWO YEARS OR MORE

_____ I AM THE FIRST PERSON IN MY IMMEDIATE FAMILY TO PURSUE A DEGREE OR CERTIFICATE BEYOND HIGH SCHOOL

_____ NO SUPPORT FROM PARENTS OR FAMILY

_____ UNUSUAL FAMILY OR FINANCIAL CIRCUMSTANCES

PLEASE BRIEFLY DESCRIBE BELOW:

COMPLETE THIS SECTION FOR THE SPECIFIC PLACEMENT YOU ARE INTERESTED IN:

(USE BACK IF NECESSARY)

POSITION TITLE: _____ EMPLOYER: _____

1. WHY ARE YOU INTERESTED IN THIS PLACEMENT?

2. HOW DOES THIS PLACEMENT FIT YOUR CAREER GOALS?

3. WHAT KNOWLEDGE, SKILLS, AND ABILITIES DO YOU POSSESS THAT QUALIFY YOU FOR THIS PLACEMENT?

I HEREBY AGREE TO ABIDE BY THE PROGRAM'S REQUIREMENTS AND THAT ALL THE INFORMATION IS ACCURATE AND COMPLETE.

STUDENT SIGNATURE

DATE