

Portland Community College
Student Employment & Cooperative Education Services
Rock Creek Campus

Student & Graduate Employment Services Application

Date ___/___/___ Program/Major _____ Student ID # _____

AAS Certificate Transfer _____ Anticipated Date of PCC Completion _____

Name _____ E-Mail _____
Last First

Address _____ Phone _____

City _____ State _____ Zip _____

Are you authorized to work in the United States? Yes No

What services interest you?

Resume Writing Assistance

Cooperative Work Experience

Job Referrals

Job Finding Skills

Interview Preparation

Other _____

Please read the following statement and sign below.

Portland Community College shall follow applicable state and federal laws, rules and regulations that apply to student records. All information contained in the college records which is personally identifiable to any student shall be kept confidential and not released except upon prior written consent of the student or upon the lawful subpoena or other order of a court of competent jurisdiction.

Pursuant to my employment search, I hereby authorize Portland Community College to release confidential information about me contained in the college records or documents on file in the Student Employment and Cooperative Education Services Office to all potential employers. PCC cannot release job-related information to potential employers without this signed form.

REQUIRED SIGNATURE _____ **Date** _____

OFFICE USE ONLY

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