**Fayetteville Technical Community College**

**WORK-BASED LEARNING (WBL) APPLICATION**

**RETURN TO TONY RAND STUDENT CENTER ROOM 128**

**(or email** [**WBL@faytechcc.edu**](mailto:WBL@faytechcc.edu) **or fax to 910.678.8200; WBL Office phone: 910.678.8453)**

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| **Personal Data** | NAME: LAST FIRST MIDDLE | | | | | | | **STUDENT ID#:** | | | |
| HOME ADDRESS: STREET | | | | | **CITY** | | **STATE** | | **ZIP** | |
| **CURRICULUM** | | | | **ADVISOR** | | | **PROJECTED GRADUATION** | | | |
| **STUDENT E-MAIL ADDRESS** | | | | | | | | | | |
| **HOME TELEPHONE** | | **CELL TELEPHONE** | | | | **WORK TELEPHONE** | | | | |
| **Statistical Info** | FOR EQUAL EMPLOYMENT STATISTICAL INFORMATION ONLY | | | | | | | | | | |
| **DATE OF BIRTH** | **SEX** | | | Are You Eligible to Work in the United States?  **YES**  **NO** | | | **MILITARY STATUS** | | | |
| **If you are a Healthcare Management Technology or Medical Office Administration student and want to be considered for an internship through the Cape Fear Valley Health System, please understand that they require a background check and drug screening for which you must pay $64.00. Also, if interested in Cape Fear Valley, please provide:**  **Last five digits of your Social Security Number:** | | | | | | | | | | |
| **SEMESTER YOU ARE PLANNING TO TAKE WBL:  FALL  SPRING  SUMMER YEAR**  **CURRENTLY EMPLOYED IN A CURRICULUM-RELATED JOB?**  **YES**  **NO**  **REQUEST ASSISTANCE WITH FACILITY PLACEMENT?**  **YES**  **NO**  **Special consideration or job preference:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **REMINDER: Many employers conduct background checks during the interview/selection process.** | | | | | | | | | | |
| **Employment History** | **SKILLS (typing, computer skills/software, etc.—include curriculum-related skills)** | | | | | | | | | | |
| **WORK EXPERIENCE (current or last job only)**  **Name of Company/Facility** | | | **DESCRIPTION/DUTES** | | | **HOURS PER WEEK** | | **DATES EMPLOYED** | | |
| **FROM** | | **TO** |
|  | | |  | | |  | |  | |  |
| Consents | ***PLEASE READ***  **By signing this application, I hereby authorize the Work-Based Learning Office, Pursuant to Section 438(b) 4(B) of the Family Educational Rights and Privacy Act, to acquire copies of my academic transcripts and grade reports. It is understood that my transcript(s) shall become a permanent part of my Work-Based Learning file. Additionally, I authorize the disclosure of all information on this form to my Work-Based Learning employer or any potential employer.**  **I understand that I CANNOT begin counting work hours until I am approved for WBL participation. I realize that Work-Based Learning is a graded, academic class in which I am to pay for as I would any other class. I understand that I am expected to work at least 160 hours for 1 credit hour, 320 hours for 2 credit hours, and 480 hours for 3 credit hours per semester.**  **I UNDERSTAND THAT FTCC DOES NOT GUARANTEE EMPLOYMENT TO ANY STUDENT.**  **I also agree to abide by the Work-Based Learning policies and complete all required paperwork in a timely manner. FTCC is an affirmative action/Equal Opportunity Employer.**  **By signing below, I confirm that I have read, fully understand, and agree to abide by the statements above.** | | | | | | | | | | |
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| **Student Signature/Student Print Name** | | | |  | | **Date** | | | | |

**For Official Use Only**

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| Eligible for a maximum of       credit hours of Work-Based Learning (WBL).  Not eligible to participate in Work-Based Learning (WBL). | | | | | |
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| **Work**  **Experience** | **Semester** | **Cur.**  **GPA** | **Credit Hour(s)** | **Course Section** | **Comment** |
| **First** |  |  |  | WBL- |  |
| **Faculty Coordinator** | |  | | | |
| **Second** |  |  |  | WBL- |  |
| **Faculty Coordinator** | |  | | | |
| **Third** |  |  |  | WBL- |  |
| **Faculty Coordinator** | |  | | | |
| **Fourth** |  |  |  | WBL- |  |
| **Faculty Coordinator** | |  | | | |
| |  |  | | --- | --- | | Orientation Scheduled for |  | | | | | | |
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| **Comments:** | | |
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| **Work-Based Learning Coordinator** |  | **Date** |

JOB REFERRALS

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