Job Registration Form for Students

STUDENT INFORMATION Full Name: _____ Date of Birth: _____ Gender: ☐ Male ☐ Female ☐ Other Address: _____ City: _____ State: ____ ZIP Code: _____ Phone Number: _____ Email Address: **EDUCATIONAL BACKGROUND** Current School/University Name: _____ Major/Field of Study: _____ Current Year of Study: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior Expected Graduation Year: _____ **JOB PREFERENCES** Job Type: ☐ Part-Time ☐ Internship ☐ Full-Time ☐ Work-Study Preferred Industry: _____ **Preferred Work Schedule:** □ **Morning** □ **Afternoon** □ **Evening** Expected Salary (if applicable): _____ Available Start Date: **WORK EXPERIENCE (IF ANY) Company Name** Job Title Start Date **End Date**

SKILLS & CERTIFICATIO	DNS	
Key Skills:		
Certifications (if any):		
Software Proficiency:		
REFERENCES (IF REQU	IRED)	
Reference Name:		
Relationship:		
Phone Number:		
Email Address:		
DECLARATION		
I confirm that all the info	rmation provided above is	accurate and complete.
Signature:	Date:	