Applicant General Information:

Information about You		
First Name:	Last Name:	
Current Address:		
City	Zip Code:	
E-Mail:	Are you between 16 − 24 years old? □ Yes □ No	
·		
Phone:	Alternate phone:	Alternate phone :
Are you currently employed? Yes No Where?		
Position at your last employer:	Length of employment:	
	g 2. 2p.0/	
Employer City: State:	Zip:	
Education: Grades Completed Grade 8 Grade 9 Grade 10 Grade 11 High School Diploma GED College		
Are you currently enrolled in school? ☐ Yes ☐ No Where?		
How did you find out about this opportunity? Friend Family News Facebook Poster/Flyer Email Other		
I certify that all information supplied in this application is accurate to the best of my knowledge.		
Applicant Signature Applican	re Applicant Name Printed	
Parent/Guardian Signature (18 years old & under) Parent/Guardian Name Printed Date of the parent o		

Mott Community College is an equal opportunity institution and will not discriminate in any of its admissions, educational program/activities, or employment policies or practices on the basis of race, sex, age, color, national origin, religion, height, weight, marital status, physical, mental handicap, sexual orientation or veteran status.

<u>Please return to: Mott Community College – Workforce Education Center – 709 N. Saginaw St. 48503</u>
810-232-2555

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