

Sandhills Community College  
Job Placement Office  
3395 Airport Road  
Pinehurst, NC 28374

# Registration Form

Phone: 910-695-3735  
Fax: 910-695-3981  
Email:  
[careerservices@sandhills.edu](mailto:careerservices@sandhills.edu)  
[www.sandhills.edu/sccjobs/](http://www.sandhills.edu/sccjobs/)

## Registering for Job Placement Services

Please register with the Job Placement Office and establish a placement data file and online account. Complete and return this form with a copy of your current resume to the Student Services Department. Your signed authorization is needed in order to make job referrals and/or to forward your resume to potential employers. Placement data files may include copies of student resumes, and instructor reviews. By completing this form you allow the placement office to release your resume and/or contact information to employers only. **(Apply for jobs at [www.collegecentral.com/sandhills](http://www.collegecentral.com/sandhills))**

*As required by the Family Education Rights and Privacy Act of 1974 (FERPA), this material is transmitted to you on the condition that you will not permit any other party to have access to this material without the written consent of the applicant(s).*

(Please print neatly and complete all information.)

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Last First Middle/Former Name  
Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City State Zip Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ GPA: \_\_\_\_\_

Race:  White  African American  Asian  Hispanic  Native American  Bi-Racial  
(Optional, will not be used in a discriminatory manner – for statistical purposes only.)

Check appropriate box: Laid-off worker Yes  No  Veteran  Major: \_\_\_\_\_

Enrollment Status: Semester: 1<sup>st</sup> \_\_\_\_ 2<sup>nd</sup> \_\_\_\_ 3<sup>rd</sup> \_\_\_\_ 4th \_\_\_\_ Graduate \_\_\_\_

Graduation or expected graduation date (Month/Yr) \_\_\_\_\_

**AVAILABILITY:** Part-time  Full-time  Afternoons  Mornings  Other  \_\_\_\_\_

List the types of work for which you are qualified: \_\_\_\_\_

**Skills: (This section must be completed for referral)** List below your specific job skills, certifications, licenses, or experiences you believe qualify you for this type of position – include relevant courses taken.

**Authorization:** I authorize the Job Placement Office to set up a file and furnish copies of credentials (including academic information) upon my request or the request of those who are considering me for employment. I also authorize:

- Access to and release of my information by College Representatives for follow-up purposes. I will let the office know of any changes in address or employment status.
- Release information in my placement data file.
- Use any images of me obtained at campus events for marketing and reporting purposes.

**Signature:** \_\_\_\_\_ **Application Date:** \_\_\_/\_\_\_/\_\_\_