

## **Graduate Career Center: Employment Assistance**

### **SECTION 1**

Last Name	First	I. D.	#
Graduation Date	_ Program Of Study	License Rati	ngs
Permanent Address	City	State	Zip
Permanent Phone: ()			
Phone # After Graduation:			
E-Mail Address			
Alternate Contact Name	Phone # ()		
Alternate Contact Name	Phone # ()		

#### Section 2

Complete this section if you have secured <u>employment</u> in your field (or otherwise) or are continuing your <u>education</u>.

	Employer's Name	 			
	Address				
	City	 State	Zip	Position/Title	
	Start Date	 Startir	ng Wage	Phone	
	Supervisor	 			
OR	School's Name Address				
	City	Zip		Program	
~					

#### Section 3

List the locations (city and/or state) where you **prefer** to work.

List License/Ratings \_\_\_\_\_

#### Section 4

I, the undersigned, give permission to the Career Center to release information as may be contained in my student files as is deemed necessary or appropriate in assisting me in obtaining employment. I also understand that any results from this information will not be SPARTAN'S responsibility.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

If you do not want placement assistance, please choose from the reasons below and sign. Reason for Waiver: (Circle One)

\_\_\_\_\_

Continuing Education	Foreign National	Medical Disability	Other	
U	C	•		



# **EMPLOYMENT VERIFICATION**

#### GRADUATE CAREER SERVICES 918-831-5388 918-831-5344-Fax Email: damon.bowling@spartan.edu

### Please fax response to: (918) 831-5344

Attention: Human Resources Department

I, the undersigned, give permission to the Career Services Department of Spartan College of Aeronautics and Technology to request employment verification and salary information as may be contained in my employee file and as is deemed necessary or appropriate in assisting the college in obtaining placement records.

Date:	Signature:	
	Printed:	
	OFFICE USE ONLY	
Name of Employee:		
Employee's Title:		
Name of Employer:		
Employer Signature:		
Date of Hire:		
Salary:		



# **ENROLLMENT VERIFICATION**

## ATTN: STUDENT RECORDS DEPARTMENT

I, the undersigned, give permission to the Career Services Department of Spartan College of Aeronautics and Technology to request enrollment verification as may be contained in my student file and as is deemed necessary or appropriate in assisting the college in obtaining enrollment records.

Date:	Student Name:
	Signature:
	OFFICE USE ONLY
Date Enrolled:	
Name/Address of College:	
Signature of College Officia	1:
Title:	
	e fax response to: (918) 831-5344

SPARTAN COLLEGE OF AERONAUTICS & TECHNOLOGY GRADUATE CAREER SERVICES 918-831-5388 Damon Bowling Email: damon.bowling@spartan.edu 918-831-5344 Fax

#### (DOWNLOAD THIS TEMPLATE IN WORD AT <u>www.spartan.edu/gcs</u>) Flight Graduate

78259 S. Flight Drive, Apt. Z, Tulsa, OK 74115 918-555-5555 or <u>Spartan\_Rocks@Flight campus.com</u>

**OBJECTIVE:** Seeking employment as a Certified Flight Instructor or other pilot position I may gualify. Willing to relocate and train in any aircraft necessary. **CERTIFICATIONS & RATINGS:**  Instrument Rated, Commercial License Multi-Engine Rating?????? • Commercial Pilot with Instrument Rating, FAA Class II Medical Certificate Single Engine Land • CFI & CFII ??????? FLIGHT TIME (AS OF XX/XX/XXXX) Total Time: 262 Instrument: 23 Pilot in Command: 52 Cross-country: 54 25 13 Night: Sim. Multiengine: EDUCATION: Spartan College of Aeronautics and Technology, Tulsa, OK Graduation: August, 2013 ASSOCIATE OF APPLIED SCIENCE, AVIATION FLIGHT **EMPLOYMENT HISTORY:** Restaurant A, Tulsa, OK 00/0000 - 00/0000 Server **Customer Service** • Ensure customer's order is correct Cashier • Maintain a clean and safe work area Call Center, Tulsa, OK 00/0000 - 00/0000 Credit Card Division • Customer Service Explain customer's account • Take payments Resolve billing/credit issues SKILLS • Excellent written, oral and presentation skills. Excellent Customer Service skills. Excellent computer skills?????

• Multi lingual – English, French and Spanish.??????Ability to problem solve