Work Study Application

Please print the following information clearly

Name: _____ SouthArk Student ID _____

Address: _____

Phone: _____ Date of Birth: _____

When can you begin work? _____ Anticipated Graduation date:_____

Type of job preferred: _____(computer lab asst., teacher's asst., office asst., etc.)

Times/Days of preferred job: _____

Skills (**Put Y/N**): Typing: ____ Computer Experience: ____ Telephone: ____ Filing: ____ Customer Service: ____

Other special skills? _____

List any high school or college courses you have completed which would be helpful in your employment?_____
_____

Major: _____ Are you currently in an allied health program? _____

If NO, do you expect to be accepted into an allied health program and if so, when? _____

List employers beginning with most recent: (include volunteer work)

Employer	Beginning Date	Ending Date
1.		
2.		
3.		

Have you ever been convicted of a felony? ____ yes ____ no If yes, explain. (A conviction will not necessarily cause you to be denied a workstudy position. This information is kept confidential.)

_____

* Please read and sign

I verify that all the information on this application is true. Providing false information on this application is cause for immediate dismissal. I have read and signed the student worker statement of rights and responsibilities. I understand that workstudy is real employment. I understand that I am not guaranteed a workstudy position. If I am placed in a position and quit or am dismissed by my supervisor, I may not be placed in another workstudy position during the current academic year.

Signature: _____ Date: _____

2023-2024