



Work Study Application

Please print the following information clearly

Name: _____ SSN/ID _____ Date of Birth: _____

Address: _____

Phone: _____ When can you begin work? _____

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? _____ Anticipated Graduation date: _____

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)

<u>Employer</u>	<u>Beginning Date</u>	<u>Ending Date</u>
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: _____