

Federal / State Work Study Student Application

What terms are you applying for? (circle all that apply) Fall '24 Spring '25 Summer '25

IT IS IMPORTANT NOT TO LEAVE ANY INFORMATION BLANK ON THIS APPLICATION.

Name: _____ Student id: _____
 last first m.i.

Address: _____ City/zip: _____

Phone: (____) _____ cell (____) _____ Home email: _____

Please circle what skills you may have:

Computer Skills Office Skills Customer Service Skills

Special skills/abilities that you have and/or briefly describe exceptional qualities you possess:

Previous Employment

Company: _____ Address: _____

Phone: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

Place an X on each box of the hour(s) you are available to work. Please allow time between your class schedule.

	Monday	Tuesday	Wednesday	Thursday	Friday
8am – 9am					
9am - 10am					
10am - 11am					
11am - 12pm					
12pm – 1pm					
1pm – 2pm					
2pm – 3pm					
3pm – 4pm					
4pm – 5pm					
5pm – 6pm					
6pm – 7pm					

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____

Date: _____