



Federal Work Study Application

Social Security Number: _____

Date: ____ / ____ / ____

Last Name: _____ First: _____ Middle: _____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Campus Address: _____ Dorm: _____ Room #: _____

Campus Phone Number: (____) _____ Email Address: _____

Position or type of work you are applying for: _____

Have you previously been employed in the college work study program? Yes No

If YES, where did you work? _____ Supervisor's name: _____

Circle one: Freshman / Sophomore Can you work evening hours if necessary? _____

List all campus activities you are currently involved in: _____

List any special skills training and qualifications you possess _____

List any honors you have received _____

EMPLOYMENT HISTORY

Employer Name & Address	Title/Duties	Dates Employed	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature: _____ Date: _____

OFFICE USE ONLY	
Employee Number _____	Assignment _____