



FEDERAL FINANCIAL AID WORK-STUDY PROGRAM APPLICATION

ID # **A**

Name _____
(Last Name) (First Name) (MI)

Your application tells your potential employer important information about you and makes a first impression. Be clear and accurate. Please print in ink.

Campus attending: Florissant Valley Forest Park Meramec Wildwood Term: _____ Year: _____

Address: _____
Street Apt. No./P.O. Box No. City State Zip Code

Home Phone: _____ Major: _____

Number semesters attended: _____ Expected graduation date: _____

Give a brief statement concerning your reasons for wanting a part-time job: _____

EDUCATION INFORMATION

High School Graduate: Yes No GED: Yes No

Where? _____

Name of high school attended: _____

Other colleges attended: _____

JOB INFORMATION

Department in which you would like to work (circle all those that are of interest to you):

- Computer Lab*
- Library*
- Communications*
- Childcare*
- Arts/Humanities*
- Enrollment Services/Financial Aid*
- Print Shop*
- Math Dept.*
- Athletics*
- Science Labs*
- Reading Dept.*
- Campus Life*
- Media Services*
- Radio Station*

When are you available to start work? _____

What time of day or evening works best in your schedule? _____

(continued on reverse side)

Non-Discrimination Statement: St. Louis Community College is committed to non-discrimination and equal opportunities in its admissions, educational programs, activities, and employment regardless of race, color, creed, religion, sex, sexual orientation, national origin, ancestry, age, disability, genetic information, or status as a disabled or Vietnam-era veteran and shall take action necessary to ensure non-discrimination. Sexual harassment, including sexual violence, is also prohibited. For information or concerns related to discrimination or sexual harassment, contact William Woodward, Associate Vice Chancellor for Student Affairs, 314-539-5374.

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Name _____
(Last Name) (First Name) (MI)

SKILLS

Typing speed: _____ Computer Experience: Yes No

Office experience: _____

Customer service experience: _____

Other skills/experience: _____

Are you currently employed? Yes No If yes, where? _____

EMPLOYMENT HISTORY

List work and/or volunteer experience. Start with present or most recent and list in reverse order.

Dates (From-To)	Name of Company	Address City/State	Telephone	Your position

PERSONAL REFERENCES

Name	City/State	Telephone	Relationship to you

CLASS SCHEDULE (HOURS)

Please check current semester: Fall Spring Summer

Day						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Is there any information you would like to add?

Signature: _____ Date: _____

— OFFICE USE ONLY —

FWS Eligibility: _____ Hire Date: _____
Fall Spring Summer

FAA Initials: _____