		For Off	ice Use	Omy.		
Date:		Approv	ed for:	FWS	TWS	OTHER
		Amoun	nt:		Initial:	
SCHREI	NER WORK-STUDY/STU	UDENT EMPLO	OYMENT	APPLIC	CATION	
Available w	ork-study jobs are limited. Y	Your work-study	award do	es not gu	<u>arantee</u>	
<u>a job</u>	; it only provides you the op	portunity to inte	rview for a	a position	<u>l.</u>	
Student Name:		Student ID #:				
Contact Phone #:		Campus Email:				
D 1E 1						
Personal Email:		Campus Mailbox # (if you live on o				mpus):
Classification		I				
Freshman Sophomore	Junior	Senior				
If yes, do you have transportation?	Yes No No] No [
If yes, do you have transportation? Check all that you have experience	Yes No No with: Microsoft Word	_	Access Start Date		isher ate	PowerPoint[
If yes, do you have transportation? Check all that you have experience that previous employment	Yes No No with: Microsoft Word experience:		_			PowerPoint[
If yes, do you have transportation? Check all that you have experience that previous employment Company Name	Yes No No with: Microsoft Word Experience: Job Description	Excel	Start Dat	te/End D	ate	
If yes, do you have transportation? Check all that you have experience that previous employment Company Name	Yes No No with: Microsoft Word experience: Job Description ng, and/or if you are	Excel	Start Dat	te/End D	ate esaving	, etc.):
List special skills or trainin	Yes No No with: Microsoft Word experience: Job Description ng, and/or if you are	Excel	Start Dat	te/End D	ate esaving	, etc.):
If yes, do you have transportation? Check all that you have experience that previous employment Company Name List special skills or training	Yes No No with: Microsoft Word experience: Job Description ng, and/or if you are	Excel	Start Dat	te/End D	ate esaving	, etc.):
If yes, do you have transportation? Check all that you have experience that previous employment Company Name List special skills or training Skills or Training	Yes No with: Microsoft Word experience: Job Description ng, and/or if you are	Excel C	Start Dat a skill Expiration	te/End D	ate esaving	, etc.):
If yes, do you have transportation? Check all that you have experience that previous employment Company Name List special skills or training Skills or Training	Yes No with: Microsoft Word experience: Job Description ng, and/or if you are	Excel C	Start Dat a skill Expiration	te/End D	ate esaving	, etc.):
If yes, do you have transportation? Check all that you have experience that previous employment Company Name List special skills or training	Yes No with: Microsoft Word experience: Job Description ng, and/or if you are	Excel C	Start Dat a skill Expiration	te/End D	ate esaving	, etc.):
If yes, do you have transportation? Check all that you have experience that previous employment Company Name List special skills or training Skills or Training	Yes No with: Microsoft Word experience: Job Description ng, and/or if you are	Excel C	Start Dat a skill Expiration	te/End D	ate esaving	, etc.):

am required to abide by all rules and regulations of the University. I understand that as a condition of my employment, I will be asked to submit documents establishing my identity and legal authorization to work in the United States. I will also be asked to sign a USCIS Form I-9, indicating, under penalty of perjury, that I am authorized to obtain employment in the United States.

Signature of Applicant

Date