

The FWS program is a federal funded program that provides part time jobs for students who exhibit financial need. To apply for FWS employment an application must be completed and submitted to the Office of Financial Aid. **Please be advised that a completed FAFSA must be on file to determine eligibility.** Not having a FAFSA on file will keep the Office of Financial Aid from determining eligibility for the FWS program. Eligible students will receive an email or letter stating eligibility status and further instructions on how to apply for job vacancies in the program.

**\*\*PLEASE NOTE THAT COMPLETING THIS APPLICATION DOES NOT GUARANTEE YOU WILL RECEIVE A JOB.\*\***

**STUDENT INFORMATION**

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NAME	STUDENT ID	
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ADDRESS

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CITY	STATE	ZIP
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(BEST NUMBER TO CALL TO REACH YOU)

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PHONE	<u>EDUCATION LEVEL</u>	
	<input type="checkbox"/> INCOMING	<input type="checkbox"/> 1 <sup>ST</sup> Year <input type="checkbox"/> 2 <sup>ND</sup> Year
	<input type="checkbox"/> CONTINUING	<input type="checkbox"/> 1 <sup>ST</sup> Year <input type="checkbox"/> 2 <sup>ND</sup> Year

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COLLEGE MAJOR

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**HAVE YOU EVER BEEN CONVICTED OF A FELONY?**     YES\*     NO    \*If yes, please explain. \_\_\_\_\_

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**EXPERIENCE AND SKILLS**

Please indicate your experience and/or skills below.

- |  |   |
|--|---|
| <input type="checkbox"/> Filing  | <input type="checkbox"/> Typing _____WPM (Words per Minute)                                 |
| <input type="checkbox"/> Proficiency w/Office Equipment<br>(fax, copiers, scanners, calculators, etc.) | <input type="checkbox"/> Proficiency w/Word Processors, Spreadsheets,<br>Publishing/Webpage |
| <input type="checkbox"/> Telephone Skills/Etiquette  | <input type="checkbox"/> Data Entry   |
| <input type="checkbox"/> Ability to Work w/the Public  | <input type="checkbox"/> Organizational Skills  |
| <input type="checkbox"/> Able to work without Supervision  | <input type="checkbox"/> Custodial Experience   |
| <input type="checkbox"/> Physically able to lift 20+ lbs.  | <input type="checkbox"/> Retail Experience  |

**MILITARY EXPERIENCE**

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BRANCH	/	FROM	TO
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RANK AT DISCHARGE	TYPE OF DISCHARGE*
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\*IF OTHER THAN HONORABLE, PLEASE EXPLAIN. \_\_\_\_\_

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**\*\*Please complete both sides of this application and return to the Office of Financial Aid.**

**WORK EXPERIENCE**

Employer	From: _____ To: _____
Supervisor	Dates Employed
Duties: _____	Phone

Employer	From: _____ To: _____
Supervisor	Dates Employed
Duties: _____	Phone

Employer	From: _____ To: _____
Supervisor	Dates Employed
Duties: _____	Phone

**REFERENCES** \*Please do not use relatives.

NAME	PHONE	RELATIONSHIP

**PHYSICAL LIMITATIONS** \*Only asked to determine if accommodations are necessary.

**SIGNATURE (Required)**

If I am hired as a Federal Work Study (FWS) student employee, I understand that:

- I cannot work more than my award amount;
- I will notify my supervisor if I am unable to work during my scheduled times;
- I will not be allowed to work during my classes;
- I must be registered for at least six (6) credit hours to be able to participate in the FWS program;
- I will not work more than the allotment of hours per week as designated by the Office of Financial Aid;
- I cannot work on class assignments or projects during scheduled work hours unless approved by my Supervisor;
- I may be dismissed for: refusing to work, not showing up for my scheduled work hours, performance problems, or for causing a disruption or disturbance while I am at work; and,
- I agree to give my permission to release information to Supervisors for potential FWS employment opportunities.

*By signing below, I certify that I agree to the guidelines listed above regarding the Federal Work Study (FWS) program.*

Applicant Signature	Date
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