

For Office Use:

Summer _____	Fall _____	Spring _____
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FEDERAL WORK-STUDY APPLICATION

I am applying for a Federal Work Study position at Columbus Technical College. I understand this is an application and not a contract to work. I understand that I may work only a specified number of hours per week dictated by my Federal Work Study award of at least minimum wage. The maximum number hours per week I may work without special permission is 20 hours. To maintain eligibility, I must maintain satisfactory academic progress and be enrolled in a minimum six credit hours during any term working in the Federal Work Study program. **I understand completing this application does not guarantee a Federal Work Study job.**

LIST THE TIMES YOU ARE AVAILABLE TO WORK FOR THE CURRENT TERM OF ENROLLMENT

	FALL	SPRING	SUMMER
Monday			
Tuesday			
Wednesday			
Thursday			

THIS APPLICATION WILL EXPIRE ON OR BEFORE JUNE 30, 2017.

Name _____

Student ID _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Alternate Phone _____

Program of Study _____

Anticipated Graduation Date _____

Have you previously worked in a Federal Work-Study position? _____

If YES, list the position and school _____

SPECIAL SKILLS OR EXPERIENCES

	YES	NO	
Typing			WPM _____
Computer Programs			
Office equipment (list all that apply)			
Using the internet			
Fluent in another language			Language _____

1. Are you prevented from lawfully becoming employed in this country because of a VISA or immigration status? YES _____ NO _____

If YES, you will be required to provide proof of citizenship/immigration status upon employment.

2. Have you been convicted of a felony? YES _____ NO _____

If YES, please explain.

EDUCATION

<u>High School/College</u>	<u>Graduate (Yes/No)</u>	<u>Major Course of Study</u>	<u>Dates Attended</u>

PREVIOUS EMPLOYMENT INFORMATION

Begin with most recent job. Include any job-related military or volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disability or other protected status.

EMPLOYER _____

BEGIN DATE _____ END DATE _____

ADDRESS _____

PHONE _____

NAME OF SUPERVISOR _____

JOB TITLE _____

JOB RESPONSIBILITIES _____

REASON FOR LEAVING _____

MAY WE CONTACT THIS EMPLOYER? _____

EMPLOYER _____

BEGIN DATE _____ END DATE _____

ADDRESS _____

PHONE _____

NAME OF SUPERVISOR _____

JOB TITLE _____

JOB RESPONSIBILITIES _____

REASON FOR LEAVING _____

MAY WE CONTACT THIS EMPLOYER? _____

10.5.2016

EMPLOYER _____

BEGIN DATE _____ END DATE _____

ADDRESS _____

PHONE _____

NAME OF SUPERVISOR _____

JOB TITLE _____

JOB RESPONSIBILITIES _____

REASON FOR LEAVING _____

MAY WE CONTACT THIS EMPLOYER? _____

REFERENCES (do not include relatives)

NAME	OCCUPATION	ADDRESS	PHONE

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary for an employment decision. In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in termination. I also understand that I am required to abide by all rules and regulations of the employer.

Applicant Signature _____

Date _____

Non-Discrimination Statement

Columbus Technical College does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, disabled-veteran status, veteran-of-the-Vietnam-Era status, or citizenship status (except in those special circumstances permitted or mandated by law).