

## STUDENT WORKER APPLICATION FORM

**Please complete the application and submit it to the Supervisor of the Department for which you are applying**

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Email

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Credits earned

\_\_\_\_\_  
Clinic Level

**Do you receive Financial Aid for Federal Work Study?**

To apply for a work-study job, you must receive financial aid. If you do not receive financial aid, please visit [www.fafsa.ed.gov](http://www.fafsa.ed.gov) and complete A Free Application for Federal Student Aid {FAFSA} to confirm eligibility

Yes

No

**Please indicate position you are applying for:**

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Department

**Is this a Federal Work Study Position?**  Yes  No  Not sure

**Please list your availability for term** \_\_\_\_\_ << indicate term

Mon: \_\_\_\_\_

Thur: \_\_\_\_\_

Tues: \_\_\_\_\_

Fri: \_\_\_\_\_

Wed: \_\_\_\_\_

Sat: \_\_\_\_\_

**What date are you available to start?** \_\_\_\_\_

PLEASE ATTACH/SEND RESUME, ALONG WITH ANY OTHER REQUIREMENTS AS INDICATED IN THE JOB POSTING

By signing this application, I understand that misrepresentation of omission or facts may result in rejection of this application, or if hired, discipline up to and including dismissal.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date