

**FOR OFFICE USE ONLY**

**DATE ENTERED:**

**INITIALS:**

**FEDERAL WORK STUDY APPLICATION ONLY**

**PERSONAL INFORMATION**

|                                   |            |             |            |                            |            |            |            |
|-----------------------------------|------------|-------------|------------|----------------------------|------------|------------|------------|
| Student ID:                       |            | Last Name:  |            | First Name:                |            |            |            |
| Mailing Address:                  |            |             | City:      |                            | State:     | Zip:       |            |
| Home Phone:                       |            | Alternate:  |            |                            | E-Mail:    |            |            |
| College Major:                    |            |             |            | Number of Hours Completed: |            |            |            |
| <b>Days &amp; Times Available</b> | <b>Mon</b> | <b>Tues</b> | <b>Wed</b> | <b>Thurs</b>               | <b>Fri</b> | <b>Sat</b> | <b>Sun</b> |

**Please Mark Your Experience/Training**

- |   |                                      |  |  |  |
|---|--------------------------------------|--|--|--|
| <input type="checkbox"/> Childcare        | <input type="checkbox"/> PowerPoint  | <input type="checkbox"/> Mailing           | <input type="checkbox"/> Basic               | <input type="checkbox"/> Maintenance/Repair    |
| <input type="checkbox"/> Data Entry       | <input type="checkbox"/> Quicken     | <input type="checkbox"/> Faxing            | <input type="checkbox"/> Trouble Shooting    | <input type="checkbox"/> Communication Skills  |
| <input type="checkbox"/> Accounts Pay/Rec | <input type="checkbox"/> Word        | <input type="checkbox"/> Phones            | <input type="checkbox"/> Microsoft Publisher | <input type="checkbox"/> People Skills         |
| <input type="checkbox"/> Payroll          | <input type="checkbox"/> WordPerfect | <input type="checkbox"/> Cashier           | <input type="checkbox"/> HTML                | <input type="checkbox"/> Organizational Skills |
| <input type="checkbox"/> 10-Key           | <input type="checkbox"/> Copying     | <input type="checkbox"/> Operating Systems | <input type="checkbox"/> Internet Experience | <input type="checkbox"/> Self-Directed         |
| <input type="checkbox"/> Excel            | <input type="checkbox"/> Filing      | <input type="checkbox"/> Programming       | <input type="checkbox"/> Access              | <input type="checkbox"/> Bi-lingual            |

**Other (Specific):**

**EMPLOYMENT HISTORY**

|                                 |               |                     |    |
|---------------------------------|---------------|---------------------|----|
| Employer:                       | Position:     | Date of Employment: | to |
| Supervisor:                     | Phone Number: | Reason for Leaving: |    |
| Describe your responsibilities: |               |                     |    |
| Employer:                       | Position      | Date of Employment: | to |
| Supervisor:                     | Phone Number: | Reason for Leaving: |    |
| Describe your responsibilities: |               |                     |    |

Have you ever been convicted for a violation of any law other than minor traffic violation? If yes, give year, locations and nature of conviction and disposition.  Yes  No

EXPLAIN:

To the best of my knowledge all the information in this application is true and can be verified. By signing this form I am granting permission to Midland College Job Placement to release information contained in the application to potential employers.

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

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This student is eligible to earn \$ \_\_\_\_\_ (Fall): \$ \_\_\_\_\_ (Spring): Total \$ \_\_\_\_\_ This is an average of \_\_\_\_\_ hours per week @ 16 per term @ \$9.20

The \_\_\_\_\_ Department plans to use this student to work a total of \_\_\_\_\_ hours per week. We understand that changes may be necessary to the student's allotted hours, if the student receives additional aid, in order to maintain compliance with Federal Aid Guidelines.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date