



SERVING COMMUNITY NEEDS Program Off-Campus Federal Work Study Application

Name: _____

Date: _____

Address: _____

ID#: _____

Phone #: _____

Email: _____

What is your major? _____

How many units are you enrolled in for the semester? _____

Are you a active member of any clubs on campus? If yes which one? _____

Briefly, tell us why you are interested in this position: _____

Skills and Qualification: Licenses, Skills, Training, Awards...

Indicate the days and times you are available to work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Starting time							
Ending time							

Have you ever been convicted of a felony? Yes _____

No _____

You must answer "Yes" if you were convicted, whether by plea, jury verdict, or finding of guilt by a court in a trial without jury, irrespective of subsequent order under Penal Code 1203.4 allowing the withdrawal of a plea of guilt and entering a plea of not guilty, or setting aside a verdict of guilt, or dismissing the accusations or information.

If your answer is "Yes", on a separate page, please describe each offence including date, location, and sentence or fine imposed. A Criminal record may not automatically disqualify you from employment, but failure to list all felony convictions record may result in disqualification or dismissal.

List any VOLUNTEER or WORK experience below. Provide as much information as possible.

Dates Employed	Employers Name & Phone No.	Position	Duties

List two references below. Include one personal and one professional reference.

1. _____
 Name Relationship Phone#

2. _____
 Name Relationship Phone#

I hereby give my permission to the Multicultural & Community Engagement Center to contact former employers and any other persons whose names appear on this application form or the supporting documents accompanying it, and I waive the right to hold those persons liable.

I hereby certify that all statements on this application are true and complete to the best of my knowledge.

 Signature Date

-----For Office Use Only-----

_____ Work Study / Date Hired _____ Grant Funds / Date Hired _____

Placed At: _____ Days/Times: _____

Date Terminated / Quit: _____ Reason: _____

Supervisor: _____ Signature: _____