WCC Work-Study Application

Name_____ SSN_____
Last First

Student ID _____

Address_____
Mailing Address City State Zip

Program of Study/Curriculum_____ Phone #_____

Anticipated WCC graduation date_____

****You must also be taking at least 9 credits to hold a work study job.

PLEASE LIST PRIOR EMPLOYMENT, BEGINNING WITH MOST RECENT.

Employer Dates of Employment Duties

1. _____

2. _____

3. _____

HAVE YOU EVER DONE WORKSTUDY AT WCC? _____
Office Supervisor Would you like to return to work there???
_____
_____
_____

I would like to work: _____ On-campus _____ Off-campus _____ No Preference
_____ Fall _____ Spring _____ Summer

Please indicate a work-site preference if you have one _____

PLEASE LIST YOUR SKILLS: _____
_____
_____

Have you ever been convicted of a felony? _____ Yes _____ No
If so, what and when? _____

Student Signature: _____ Date: _____