

Center for Students with Disabilities
WORK-STUDY/STUDENT LABOR APPLICATION

Name _____ PeopleSoft # _____ Date _____

Local Address _____

Permanent Address _____

Cell Phone _____ Permanent Phone _____

Local Phone (if different) _____ Email Address _____

Date of Birth _____ Academic Major _____

Current Semester _____ Expected Graduation Date (mo/yr) _____

POSITION DESIRED: (Check all that apply)

Office Assistant Reader Other (*specify*) _____

1. Is there any office function for which you may require an accommodation? If so, please explain:

2. Previous Campus Employment (list name, department, supervisor, and phone):

3. Please list other employment experience you feel relates to this position (include dates, company names, work performed, supervisor, and phone number):

4. Do you have Work-Study as part of your Financial Aid Package?

Yes No → If yes, what amount of Work-Study you were awarded? _____

5. Are you a Student-Athlete? Yes No

6. Are you a:

- U.S. Citizen
- Resident Alien (Alien # A _____)
- Non-resident Alien (Alien # or Admission # _____)

7. PLEASE NOTE THAT PREVIOUS EMPLOYMENT WILL BE CHECKED AND SUPERVISORS CONTACTED. IF THERE ARE ANY OTHER REFERENCES YOU WISH US TO CONTACT, PLEASE LIST NAMES AND NUMBERS BELOW:

(Signature/Date) _____

Semester: Fall Spring Summer Year: _____

hours/week desired: _____

(If you are applying to be an Office Assistant, please shade boxes that you ARE available to work.)

HOURS	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 → 8:30 am					
8:30 → 9:00					
9:00 → 9:30					
9:30 → 10:00					
10:00 → 10:30					
10:30 → 11:00					
11:00 → 11:30					
11:30 → 12:00 pm					
12:00 → 12:30					
12:30 → 1:00					
1:00 → 1:30					
1:30 → 2:00					
2:00 → 2:30					
2:30 → 3:00					
3:00 → 3:30					
3:30 → 4:00					
4:00 → 4:30					
4:30 → 5:00					

Other Comments about Availability:
