



# CLARENDON COLLEGE

## 2016-2017 Federal Work-Study Application for Employment

The Federal Work Study (FWS) and State Work Study (SWS) are a need-based, federally and state funded work programs designed to help student meet the cost of education. To apply for FWS or SWS you must have completed your FAFSA (Free Application for Federal Student Aid) and show financial need. The Financial Aid Office will make every effort to match a student's course of study, talents, work experience and knowledge with the supervisor's need.

Last Name	First Name	Middle Int.	Date of Birth	Social Security Number
Address				
City			State	Zip Code
Phone #		E-mail Address		

Academic Major	Anticipated Graduation Date
----------------	-----------------------------

Please list work study areas of interest by order of preference.

1.
2.
3.
4.

Please list relevant skills and qualifications:

--

If a job requires specific courses, indicate those courses taken.

--

Are you eligible to work in the United States? Yes \_\_\_\_ No \_\_\_\_

Have you ever worked in a Work-Study Job before? Yes \_\_\_\_ No \_\_\_\_  
If yes, what department: \_\_\_\_\_

Have you ever been convicted of a felony offense: Yes \_\_\_\_ No \_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list previous jobs (on and off-campus) with most recent job first:

Name of Employer	Position Title	Supervisor
Address		
Dates Employed	Summary of Duties	

Name of Employer	Position Title	Supervisor
Address		
Dates Employed	Summary of Duties	

Name of Employer	Position Title	Supervisor
Address		
Dates Employed	Summary of Duties	

**Certification:** All applicants must sign this form. By signing this form, you are stating that all the above information is true and to the best of your knowledge correct. Additional, I authorize Clarendon College to contact my references.

**Confidentiality Statement:** I understand that any information concerning any future or current student (and their families) of Clarendon College is to be kept confidential at all times (including the time after my departure from work) and I will only discuss this information with Clarendon College staff and faculty when necessary in accordance with the Family Educational Rights and Privacy Act (FERPA). No discussions will be held in front of other students. Furthermore by signing this statement, you agree that you have received instructions on how to obtain a copy of the "FERPA Disclosure to the Student" section of the CC Policy Manual.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Clarendon College does not discriminate or harass on the basis of race, color, religion, sex, national origin, disability or age.*

For Financial Aid Office Use Only			
	FA-16	SP-17	
COA:	_____	_____	<input type="checkbox"/> Competed Application <input type="checkbox"/> Driver's License <input type="checkbox"/> Social Security Card <input type="checkbox"/> Other: _____ <input type="checkbox"/> Completed W-4 <input type="checkbox"/> Completed I-9 <input type="checkbox"/> Complete, scheduled training time: _____
EFC:	_____	_____	
Unmet need:	_____	_____	
Other Aid:	_____	_____	
	Divided by \$7.50		
Hours available:	_____	_____	

THIS STUDENT IS NOT ELIGIBLE FOR WORK-STUDY