



**Federal Work Study Student Employment Application**

Instructions: Complete the form below and click the 'Submit Form' button. Required fields are bordered with red. When form is complete, save to your desktop, then email to [finaidoffice@wsutech.edu](mailto:finaidoffice@wsutech.edu). Call the Financial Aid Office if you have questions.

**Applicant Information**

Full Legal Name:

*Last*

*First*

*M.I.*

Date:

Address:

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

Home Phone:

Email Address:

Cell Phone:

Last 4 SSN:

DOB:

Student ID:

YES NO

Have you applied for or currently receive financial aid?

Occupation:

Are you currently employed?

When are you eligible to begin work?

Are you currently enrolled in at least 6 credit hours?

If employed off-campus, number of hours per week:

Will you be employed off-campus during school?

Campus preference:

NCAT

Availability/Preference of work hours:

Morning

WSU South

Afternoon

City Center

Evening

Old Town

Areas of Interest - Use the checkboxes below to indicate the departments to which you are interested in applying:

Aviation

Health

Manufacturing

Office/Administration

Tutoring

**Background Information**

Have you ever been convicted of a crime other than a minor traffic citation?

Yes

No

If yes, provide date and disposition. A conviction will not automatically bar you from employment. Explain here:

Your Program of Study:

Have you previously held or applied for a Work Study position at WSU Tech?

Yes

No

**Previous Employment**

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? Yes No

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? Yes No

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? Yes No

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**Additional Comments / Goals**

**Disclaimer and Signature**

*Certification and Authorization*

*1. I authorize the investigation of all statements I enter on my electronic application and certify that they are true and correct to the best of my knowledge. I understand that should investigation disclose material misrepresentation or falsification, my application may be disqualified, or if employed, my employment and all rights and privileges of my employment may be immediately terminated.*

*I understand that in order to determine my qualifications for positions I apply for it may be necessary to investigate my employment history, educational accomplishments, and criminal history. I direct the custodian of these records to release this information to any authorized agent of the employing organization. I release any individual, institution, business or organization from any and all liability for damages which might arise from the release of pertinent information.*

*I have read, or have had read to me, the statements above and by my signature agree to these provisions.*

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

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