



Office of Financial Aid
 2400 New York Avenue
 Whiting, IN 46394
 Phone: (219) 473-4296
 Fax: (219) 473-4340
 Email: finaid@ccsj.edu

STUDENT EMPLOYMENT APPLICATION COLLEGE WORK STUDY PROGRAM

Name Date
(Last) (First) (Middle)

Permanent Address Phone #
(Street) (City) (State) (Zip)

Major(s) Minor(s)

Students must complete a new application each school year to continue in the work-study program at CCSJ and should complete the application at least one month prior to the start of each school year. Eligibility for this program is determined on a semester basis and students have the option to change positions each semester.

School year: I will be a (circle one): *Freshman Sophomore Junior Senior* during this year.

Positions applying for: 1)
 2)
 3)

SKILLS INVENTORY – Check all items that you have experience in (from jobs, school, etc.).

- | | | |
|---|--|--|
| <input type="checkbox"/> Telephone/Switchboard | <input type="checkbox"/> Computer Hardware | <input type="checkbox"/> Janitorial/Maintenance |
| <input type="checkbox"/> Clerical Tasks | <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Groundwork/Landscaping |
| <input type="checkbox"/> Basic Accounting | <input type="checkbox"/> Excel | <input type="checkbox"/> Receptionist/Customer Service |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Access | <input type="checkbox"/> Other |
| <input type="checkbox"/> Banking/Cashiering | <input type="checkbox"/> Web Design | |
| <input type="checkbox"/> Typing (wpm <input style="width: 50px; border: 1px solid black;" type="text"/>) | <input type="checkbox"/> Carpentry | |
| <input type="checkbox"/> Database Management | <input type="checkbox"/> Painting | |

In the space provided, please answer the following questions.

Describe 2 or 3 things that are important to you in a student employment position.

What athletic, music and/or extra curricular activities do you plan to be involved during this school year?

EMPLOYMENT HISTORY – Begin with most recent employer.

1. Employer/Company _____ Dates Employed: from _____ to _____
 City and State _____ Phone #: _____ Reason for leaving _____
 Describe duties _____

2. Employer/Company _____ Dates Employed: from _____ to _____
 City and State _____ Phone #: _____ Reason for leaving _____
 Describe duties _____

3. Other employment (optional) _____

CLASS SCHEDULE – Please indicate by checking the times you are **NOT** available to work.

DAY	8-9 am	9-10	10-11	11-12	12-1	1-2	2-3	3-4	4-6	6-8	After 8pm
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											

The information I have provided is true to the best of my knowledge.

 Student Signature Date

----- **Office of Financial Aid Use Only** -----

Eligible for Federal Work Study: ____ Yes ____ No

If employed, what position/department: _____

Term: _____

Term: _____

Term Award: \$ _____

Term Award: \$ _____

Hourly Pay Rate: \$ _____

Hourly Pay Rate: \$ _____

Term: _____

Term Award: \$ _____

Hourly Pay Rate: \$ _____