Student Employment Application
Spring 2010-2 Semester

Please complete this form and submit it to the Financial Aid Office on the campus where you wish to be employed.

Name: _____ Std ID# _____

Phone #: _____ Cell # _____

Are you interested in working off-Campus at For The Children, Inc.? Yes ____ No _____

Have you completed the Free Application for Federal Student Aid? Yes ____ No _____
If we have not received your FAFSA, you will NOT be considered for student employment!

Please check the appropriate box for each item

Skills	***Advanced***	***Intermediate***	***None***
Data Entry			
Filing			
Answering Phones			
Microsoft Word			
Excel			
PowerPoint			
Access			
Web Design			
Other Software (please specify)			
Work Conditions and Physical Environment	***Yes***	***No***	
Lifting 10-15 pound			
Lifting 20 pound			
Work outside			

Please list any other skills/qualifications (licenses, knowledge of specific disciplines, and/or special skills not listed:

_____

(We cannot guarantee placement although we will make every effort to fulfill your request)

Please list the times that you are available to work:

M_____ T_____W_____TH_____F_____

OFFICE USE ONLY

_____	_____	_____
Department	***Supervisor***	***MS***

_____	_____	_____	_____	___
Phone	***Begin Date***	***Max Hours/Week***	***WS***	***SA***