



Student Employment Application

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

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

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