



Student Employment Application

Personal Information

Name: _____ Today's Date: _____
(Last) (First) (M.I.)

ECTC Student ID #: _____ ECTC Email: _____

Permanent Address: _____
(Street)

(City) (State) (Zip)

Phone: _____

Educational Information

Major: _____

Class Standing: ____ Freshman ____ Sophomore

GPA: _____ Anticipated Graduation Date: _____

Availability

Preferred number of hours per week:

Less than 10 _____

10 – 15 _____

15+ _____

Semester for which you are applying:

Fall _____

Spring _____

Summer _____

Available work times (list all that apply):

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Specific skills and abilities (check all that apply):

_____ receptionist/phone _____ customer service _____ clerical _____ marketing/graphics

List computer skills (Word, Excel, etc.): _____

List other skills: _____

Position(s) applying for: _____

Interested in off campus positions (i.e. Goodwill, Hardin Co. Library) Y N

Previous Work Experience

Organization Name	Employment Dates	Supervisor Name	Phone Number
Job Title & Duties			

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Job Title & Duties			

Providing your signature below indicates that all the information provided is correct to the best of your knowledge.

Student Signature: _____ **Date:** _____

***Each applicant will be required to pass a background check and complete mandatory payroll paperwork. In addition to this application, you must meet the eligibility requirements in the FWS program. Eligibility is based on your FAFSA information and other financial aid requirements. Completing this process does not guarantee a position.**

The Federal College Work-Study Program provides jobs for students with financial need, allowing them to earn money to help pay education expenses. The program encourages community service work and work related to your course of study whenever possible.

Office Use Only:				
Eligible Y N	GPA _____	SAP _____	Other _____	
Unmet Need \$ _____	Contacted Y N	BG Check Y N	PAAR Y N	Employed Y N
Assignment: _____		Staff _____		
Supervisor: _____		Date: _____		