



# STUDENT WORK-STUDY PLACEMENT INFORMATION

Semester \_\_\_\_\_

NAME \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ E-MAIL \_\_\_\_\_

TRAINING AND WORK EXPERIENCE: Mark each item in which you have had some training or experience.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Typing (WPM____)   | <input type="checkbox"/> Kitchen Helper | <input type="checkbox"/> File Clerk      |
| <input type="checkbox"/> Bookkeeping        | <input type="checkbox"/> Janitor        | <input type="checkbox"/> Photography     |
| <input type="checkbox"/> Cashier            | <input type="checkbox"/> Plumber        | <input type="checkbox"/> Data Processing |
| <input type="checkbox"/> Receptionist       | <input type="checkbox"/> Electrician    | <input type="checkbox"/> Computer Tech   |
| <input type="checkbox"/> Projector Operator | <input type="checkbox"/> Carpenter      | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Library Aide       | <input type="checkbox"/> Yardman        |  |

Previous Employer (if any) \_\_\_\_\_

Describe any physical condition(s) that you have that might limit the work you do:

\_\_\_\_\_

Mark three of the following departments in order of preference:

- |  |   |
|--|---|
| <input type="checkbox"/> Maintenance             | <input type="checkbox"/> Bookstore  |
| <input type="checkbox"/> Library                 | <input type="checkbox"/> Computer Center  |
| <input type="checkbox"/> Office (Various Depts.) | <input type="checkbox"/> Media Center   |
| <input type="checkbox"/> Cafeteria               | <input type="checkbox"/> Student Activities (Game room, Sports officiating, etc.) |
| <input type="checkbox"/> Dormitory Assistant     | <input type="checkbox"/> Campus Police  |
| <input type="checkbox"/> Graphic Design          | <input type="checkbox"/> Other (specify) _____                                    |

What will be your major field of study in college? \_\_\_\_\_

What career goal do you have for yourself at this time? \_\_\_\_\_

\_\_\_\_\_

COLLEGE PLANS: Mark the items which apply to you.

- |   |   |
|---|---|
| <input type="checkbox"/> Full-time student          | <input type="checkbox"/> Live in dormitory                |
| <input type="checkbox"/> Part-time student          | <input type="checkbox"/> Live at home                     |
| <input type="checkbox"/> Academic studies           | <input type="checkbox"/> Ride in car pool                 |
| <input type="checkbox"/> Vocational studies         | <input type="checkbox"/> Have own car                     |
| <input type="checkbox"/> Football/basketball player | <input type="checkbox"/> Member of Cardettes              |
| <input type="checkbox"/> Member of band             | <input type="checkbox"/> Have scholarship (specify) _____ |

If for any reason I am unable to follow my assigned work schedule I will notify my supervisor as soon as possible. Failure to do so may result in my being terminated/fired.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date completed