

WORK EXPERIENCE

Employer	From: _____ To: _____
Supervisor	Dates Employed
Duties: _____	

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Supervisor	Dates Employed
Duties: _____	

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Supervisor	Dates Employed
Duties: _____	

REFERENCES *Please do not use relatives.

NAME	PHONE	RELATIONSHIP

PHYSICAL LIMITATIONS *Only asked to determine if accommodations are necessary.

SIGNATURE (Required)

If I am hired as a Federal Work Study (FWS) student employee, I understand that:

- I cannot work more than my award amount;
- I will notify my supervisor if I am unable to work during my scheduled times;
- I will not be allowed to work during my classes;
- I must be registered for at least six (6) credit hours to be able to participate in the FWS program;
- I will not work more than the allotment of hours per week as designated by the Office of Financial Aid;
- I cannot work on class assignments or projects during scheduled work hours unless approved by my Supervisor;
- I may be dismissed for: refusing to work, not showing up for my scheduled work hours, performance problems, or for causing a disruption or disturbance while I am at work; and,
- I agree to give my permission to release information to Supervisors for potential FWS employment opportunities.

By signing below, I certify that I agree to the guidelines listed above regarding the Federal Work Study (FWS) program.

Applicant Signature	Date
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