

Wytheville Community College
Work-Study Application

Name _____
Last First Middle Initial

SSN _____

EMPL ID _____

Address _____
Mailing Address City State Zip

Telephone No. _____ Program of Study/Curriculum _____

Email address _____

Do you currently have a job? ___ Yes ___ No If yes, when do plan to quit your job? _____
YOU CANNOT HAVE BOTH AN OUTSIDE JOB AND A WORK-STUDY JOB EXCEPT DURING SUMMER TERM. You must also be taking at least 9 credits to hold a work study job.

PLEASE LIST PRIOR EMPLOYMENT, BEGINNING WITH MOST RECENT.

<u>Employer</u>	<u>Dates of Employment</u>	<u>Duties</u>
1. _____		
2. _____		
3. _____		

HAVE YOU EVER DONE WORKSTUDY AT WCC? _____
Office Supervisor Would you like to return to work there???

I would like to work: _____ On-campus _____ Off-campus _____ No Preference
_____ Fall _____ Spring _____ Summer

Please indicate a work-site preference if you have one _____

PLEASE LIST YOUR SKILLS: _____

Have you ever been convicted of a felony? _____ Yes _____ No
If so, what and when? _____

Student Signature: _____ Date: _____