

Emmanuel College

Application for Work Study Position

Name: _____
last first name called social security number

Home Address: _____
street or post office box

city state zip code

day phone number cell phone number e-mail address most checked

Where will you live while enrolled at EC? with parents with spouse and/or children other Dorm _____

Major: _____ Anticipated Graduation Date: _____

Are you be available to work (*check all that apply*): days evenings weekends

Are you interested in an off-campus mentoring position in a local elementary school? yes no (*background check required*)

Applying for a position in:

DEPARTMENT

1 ST CHOICE:
2 ND CHOICE:
3 RD CHOICE:
4 TH CHOICE:
5 TH CHOICE:

Skills (check all that apply):

- Computer Skills Which software/programs? _____
- Tutoring Which subjects? _____
- Filing Answering Phones Heavy lifting
- General Office Work Audio/Video Equipment Customer service experience

Employment History (begin with your present or most recent employment):

Employer _____ Job Title _____

Hours Worked Per Week _____ Dates of Employment _____

Description of Duties _____

Employer _____ Job Title _____

Hours Worked Per Week _____ Dates of Employment _____

Description of Duties _____

List any volunteer organizations or activities in which you have been involved.

References (list two persons, other than relatives, who have knowledge of your work experience):

	Name	Relationship	Email	Phone (Day)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Authorization to Release Student Information

I hereby authorize the Work Study Placement Office at Emmanuel College to release, on my behalf to prospective employers my grades, transcripts, resumes, and other such information contained in my education records as is necessary to aid employers in assessing my potential for placement in work study.

I understand that this information will be disclosed to those persons with the employer's organization who have been determined by that organization to have a need to know. I understand that this information is being released pursuant to Section 438(B)4(B) of the Family Educational Rights and Privacy Act of 1974 and will not be released to other parties without my consent.

Signature _____ Date _____

**Return applications to:
OFFICE OF FINANCIAL AID**
Emmanuel College
PO Box 129 / CPO #6
Franklin Springs, GA 30639
Office: (706) 245-2871
Fax: (706) 245-2844

FINANCIAL AID USE ONLY:

SAP: YES NO

ELIGIBLE FOR FWS: YES NO If Yes, Award \$\$: _____ Hours/Week: _____ No./Weeks: _____

REGISTRATION STATUS: Full-time Part-time (less than 12 but more than 6)

INTERNATIONAL STUDENT: YES NO

F.A. COUNSELOR SIGNATURE: _____ DATE PROCESSED: ____/____/____