

ANGELINA COLLEGE
Employment Application
Work-Study

Date of Application: _____

Apply For: _____ On Campus Position _____ Off Campus Position

Semester: _____ Fall _____ Spring _____ Summer I _____ Summer II

Name: _____ SS#: _____

Address: _____ Telephone #: _____

City: _____ State: _____ Zip: _____

Are you at least 18 years of age? _____ Yes _____ No

Are you receiving a Pell Grant? _____ Yes _____ No

When are you available to work (list hours for each day)

Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____

EDUCATION

Major: _____ Semester Hours Completed: _____

Semester Hours This Semester: _____ Anticipated Graduation Date: _____

SKILLS

List job skills: _____

List equipment and/or machinery you can operate: _____

WORK HISTORY

1. Employer: _____ Phone _____

Dates of employment: _____ Job Duties: _____

2. Employer: _____ Phone _____

Dates of employment: _____ Job Duties: _____

3. Employer: _____ Phone _____

Dates of employment: _____ Job Duties: _____

To Be Considered for a Workstudy position, you must attach to this form:

1. a copy of your current Financial Aid award letter

2. a copy of your class schedule

**PLEASE RETURN YOUR COMPLETED FORM TO HUMAN RESOURCES –
ROOM 201 OF THE ADMINISTRATION BUILDING**

