



**Federal Work-Study
Participation Application /Wait List**

Please print clearly:

Name: _____ Student ID#: _____

Address: _____ City, Zip Code: _____

Home Phone: _____ Work/Cell Phone: _____

Ohlone College major or career goal: _____ Email: _____

Anticipated Graduation Date: _____

WORK INFORMATION:

Please list any past employment experiences below, starting with the most recent:

Position: _____ Employer Name: _____

Employer Telephone: _____ Dates of Employment: _____

Position: _____ Employer Name: _____

Employer Telephone: _____ Dates of Employment: _____

Position: _____ Employer Name: _____

Employer Telephone: _____ Dates of Employment: _____

What Skills Do You Possess: Keyboarding _____ Telephone _____ Filing _____ Customer Service _____

Operate Office Equipment _____ Good with Numbers _____ Desktop Publishing _____

Languages (Speak/Understand specify): _____

Give a brief narrative on why you would make a good Work-Study recipient

What do you considered your strengths? _____

What do you consider your weaknesses? _____

What three words describe you and why? _____

Please give an example of a situation where you exercised problem-solving skills: _____

List below the days and hours you will be available to work. Maximum hours = 20 hours/ Monday-Friday

I hereby authorize release of information requested for the Federal Work-Study Program to be given to the appropriate Ohlone College department or community agency. I certify that all information is true to the best of my knowledge.

Signature

Date

Return completed application to the Financial Aid Office