



LOUISIANA DELTA
COMMUNITY COLLEGE

OFFICE OF FINANCIAL AID

Federal Work-Study Job Application

Semester(s): ____ Fall ____ Spring ____ Summer Year: 20 ____ -20 ____

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Student ID: _____ DOB: _____

Campus Attending: _____

Are you authorized to work in the U.S.? Yes No

Have you ever worked for this company? Yes No If yes, when?

Have you ever been convicted of a felony? Yes No

If yes,
explain:

Education

High School: _____ Address: _____
From: _____ To: _____ Did you graduate? Yes No

College: _____ Address: _____
Major: _____ Graduation Date: _____

References

Please list two professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____ Email _____

C O U R A G E . A T T I T U D E . K N O W L E D G E .



LOUISIANA DELTA
COMMUNITY COLLEGE

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Full Name: Relationship:
Company: Phone: ()
Address: Email

Previous Employment

Company: Phone: ()
Address: Supervisor:
Job Title:
Responsibilities:
From: To: Reason for Leaving:
May we contact your previous supervisor for a reference? Yes No

Company: Phone: ()
Address: Supervisor:
Job Title:
Responsibilities:
From: To: Reason for Leaving:
May we contact your previous supervisor for a reference? Yes No

Skills and Qualifications

Please list your skills here: (for example, Create Word Documents using Microsoft Word)

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Disclaimer and Authorizations

I authorize LDCC Financial Aid to use information on this application to facilitate my assignment to a FWS Student Employment job.

I understand that FWS earnings are (1) contingent upon receiving a job offer, (2) hours worked, (3) subject to taxation, (4) and that I must be enrolled at least 6 hrs.

I understand that, prior to beginning work on the FWS program; I must complete and submit (1) proof of my identity and eligibility to work in the US and (2) a Federal W-4 form.

I understand that my performance will be evaluated and that I can be terminated for attendance issues or unacceptable job performance.

I understand that confidentiality is of the utmost importance in any job placement.

I understand that this job application will be active until the end of the current academic year and that I may withdraw the application by contacting LDCC Office of Financial Aid..

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

FWS Student Job Seekers: A **SIGNED** copy of this application **must be submitted** to the Office of Financial Aid.

RETURN TO:

The Office of Financial Aid
Louisiana Delta Community College
7500 Millhaven Road, Monroe, LA 71203
Phone: (318) 345-9005 www.ladelta.edu

NOTE: When you submit your application for a specific FWS position, you **MUST** include a copy of this application. You are free to attach your own résumé, cover letter, and letters of recommendation to this application when submitting it for consideration of a specific job. When you are no longer in an active job search, please notify us to withdraw this application.

Rev. 09/12/18

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