

COFFEYVILLE COMMUNITY COLLEGE FEDERAL WORK STUDY APPLICATION

Name: _____ SSN: _____

Local Address: _____

Telephone #: _____ Cell Phone # _____

Email Address: _____

Major: _____ GPA: _____

Job Skills: Please check what best describes your abilities.

- | | |
|---|---|
| <input type="radio"/> Typing (WPW _____) | <input type="radio"/> Dependable |
| <input type="radio"/> Filing | <input type="radio"/> Trustworthy |
| <input type="radio"/> Office Equipment Knowledge | <input type="radio"/> Organizational Skills |
| <input type="radio"/> Physically Able to lift 20 lbs. | <input type="radio"/> Data Entry |
| <input type="radio"/> EXCEL Proficient | <input type="radio"/> Peer Tutoring |
| <input type="radio"/> WORD Proficient | <input type="radio"/> Knowledge of Sports Equipment |
| <input type="radio"/> Telephone Skills/Etiquette | <input type="radio"/> Research/Resourcefulness |
| <input type="radio"/> Public Relations | <input type="radio"/> Ability to work without supervision |
| <input type="radio"/> Excellent Math Skills | <input type="radio"/> Video Editing |
| <input type="radio"/> Excellent Writing Skills | <input type="radio"/> Photograph |
| <input type="radio"/> Bulk Mail Outs | <input type="radio"/> Other _____ |

Please indicate the specific positions listed on the website that you are interested in. You may apply for up to three positions.

POSITION

1. _____
2. _____
3. _____

DEPARTMENT

1. _____
2. _____
3. _____

AVAILABILITY (Time)

- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____

I understand all applications will be processed on the following criteria:

- Availability of positions in the department
- Eligibility to receive Federal Work Study and remaining eligibility for financial aid award
- Availability of funds in the Federal Work Study Program

Signature: _____ Date: _____

***STUDENTS MUST SUBMIT TWO FORMS OF ID AS INDICATED IN THE I-9 FORM.**