

ALL STUDENTS MUST RETURN THIS FORM TO THE FINANCIAL AID OFFICE, EVEN IF YOU ARE RETURNING TO A PREVIOUS POSITION.

Please retain a copy for your records that can be used during the interview process

WORK STUDY INFORMATION FORM

NAME

Last _____ First _____ M.I. ____ Date of Birth ____/____/____

Student ID# _____ UD Email Address _____ Major _____

ADDRESS

Campus/Local _____ Phone (____) _____

Home/Permanent _____ Phone (____) _____

City _____ State _____ Zip Code _____

If you wish to return to a department for which you previously worked, please supply the following information:

Department Name _____ Supervisor _____

If you have a specific department you wish to obtain employment with, please list it here. _____

(we will do our best to accommodate your request). **If you wish to wait until Spring semester to obtain employment check here**

SKILLS

- | | | | |
|------------------------------|--------------------------------|-------------------------------|----------------------------|
| ___ Animal Care | ___ Filing | ___ Life Guarding | ___ Telephone Experience |
| ___ Audio/Visual Experience | ___ Film/Slide Restoration | ___ Certification? Yes or No | ___ Tutoring |
| ___ Bookkeeping | ___ Fitness/Aerobic | ___ Lighting/Stage | ___ Typing/Word Processing |
| ___ Cash Register Experience | ___ Instruction Certification? | ___ Marine Science Experience | (____) WPM |
| ___ Computer Skills | Yes or No | ___ Moving and Hauling | ___ Vehicle Repair |
| ___ Beginning | ___ Food Service | ___ Music | ___ Waiter/Waitress |
| ___ Moderate | ___ Graphic Design | ___ Photography | ___ Writing and Research |
| ___ Advanced | ___ Lab Experience | ___ Plant Care | ___ Other: _____ |
| ___ Custodial Experience | ___ Landscaping/Lawn Car | ___ Statistical Experience | |
| ___ Editing/Publishing | ___ Library Work | ___ Stitching/Sewing | |

Experience with: Word ____ Excel ____ Other _____ -

Are you willing to work nights and/or weekends? Yes or No

PREVIOUS EMPLOYMENT (Including University of Delaware)

Position/Title	Description of Duties	Employer/Company	Dates of Employment
_____	_____	_____	_____
_____	_____	_____	_____

Have you previously worked under the Federal or State Work-Study Program at the University of Delaware?

Yes _____ Which Department? _____ No _____

TRANSPORTATION: Will you have an automobile on campus? Yes or No

I certify that the funds earned from my Federal or State College Work-Study employment are needed to defray my college expenses and will be used for that purpose.

Student Signature _____

It is the policy of the University of Delaware that no person shall be subjected to discrimination on the grounds of race, color, creed, sex or national origin.

FOR OFFICE USE ONLY:

Department Referred To: _____ Contact Name & Number _____

_____ Award Type/Amount _____