

Federal Work Study Employment Application
Office of Service-Learning and Civic Engagement



Please print and complete this Application for Federal Work Study Employment with the Office of Service-Learning and Civic Engagement. Upon completion, you may scan and email this form to Lisa Paige, Office Manager for Service-Learning at lp Paige@fgcu.edu. You may also mail this form to Florida Gulf Coast University, Office of Service-Learning, 10501 FGCU Blvd. South, Fort Myers FL 33965 or drop it off at the Service-Learning Office located on the 4th floor of the FGCU Library (Offices 449 & 451). If you have questions, please contact lp Paige@fgcu.edu and put "Federal Work Study Questions" in the subject line

Applicant Information

Last Name	First Name	M.I.	UIN
Street Address		Apt/Unit #	
City	State	Zip	
Phone ()	Email Address		
Do you qualify for Federal Work Study funds for the 2019-2020 Academic Year?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have access to a reliable car or other mode of transportation?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Which position(s) are you applying for? *you may select up to 3 positions.	Position 1		
	Position 2		
	Position 3		
What is your major?			
Are you currently employed by FGCU in a different Federal Work Study position?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, which Office or Department are you currently working for?			
How many hours per week are you scheduled to work?			
Are you currently employed outside of FGCU?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
How many hours per week do you work at THAT position?			

Skills/Qualifications

Please list below any relevant skills or qualifications that make you a good fit for this position. This could include course work, past work experience, past service-learning/volunteer positions, basic computer skills, etc.

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Availability

Please indicate what days/times you will be available for work.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
FROM							
TO							

References

Please list three personal or professional references.

Full Name	Relationship
Email Address	Telephone Number ()
Full Name	Relationship
Email Address	Telephone Number ()
Full Name	Relationship
Email Address	Telephone Number ()

Disclaimer and Signature

Please read carefully, initial each paragraph and sign below.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application.

_____ I hereby authorize the Office of Service-Learning and Civic Engagement to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further authorize the references I have listed to disclose any pertinent information.

_____ Upon employment, I agree to allow Florida Gulf Coast University to complete a finger print scan and background check.

Signature	Date
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