

(over)

Do you expect to have a job off-campus? Yes____ No____

If so, how many hours per week will this job require of you? _____

Work Experience: List up to four (4) paid or unpaid responsibilities you have undertaken.

Position	Employer	Duties

References: List two (2) persons who can provide information about your preparation, success with responsibilities, and experiences.

Name: _____ Telephone: _____

Address: _____
Street City State Zip

Name: _____ Telephone: _____

Address: _____
Street City State Zip

Prior Federal Work-Study employment at Colby Community College:

Location: _____ Supervisor: _____ Year: _____

I affirm that the above information is true to the best of my knowledge.

Signature Date

Colby Community College Office Use Only:
Copies forwarded to:
Federal Work Study Assignment: