



## Application for HCHC Work Study Position

Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Program: Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_

Year: Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_

Major/Minor: \_\_\_\_\_

Do you have access to a car? Yes No

Are you willing to drive to work? Yes No

Are you willing to take public transportation to work? Yes No

Are you willing to work more than one job? Yes No

Work History: \_\_\_\_\_ **Most Recent Employer/Organization:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode \_\_\_\_\_

Phone: \_\_\_\_\_

Dates worked: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_ **Next Recent Employer/Organization:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode \_\_\_\_\_

Phone: \_\_\_\_\_

Dates worked: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Please attach your updated resume to this application.**

Student Signature: \_\_\_\_\_

*Do not write below this line.*

Office Use:

FA Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Hiring Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Position Approved: \_\_\_\_\_

HR Approval: \_\_\_\_\_ Date: \_\_\_\_\_