

# Advancement Office Work Study Application for Employment

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

Address (including WmPenn Room): \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Hall Room # \_\_\_\_\_

Phone(including Extension): (\_\_\_\_) \_\_\_\_ - \_\_\_\_ or ext. \_\_\_\_\_ Email \_\_\_\_\_

## Former Employment (include former work study positions):

Company \_\_\_\_\_ Office \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Reference \_\_\_\_\_  
Name Phone #

Company \_\_\_\_\_ Office \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Reference \_\_\_\_\_  
Name Phone #

Company \_\_\_\_\_ Office \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Reference \_\_\_\_\_  
Name Phone #

**Skills:** Typing  Word Processing  Telephone Skills  Filing

Computer Programs: \_\_\_\_\_

Other Equipment or skills: \_\_\_\_\_

By signing this application I hereby verify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_

\*Please return this application, a copy of your class schedule, signed policy form, and your financial aid work study award document.