



# WILLIAM PENN UNIVERSITY

## APPLICATION FOR WORK STUDY EMPLOYMENT

RETURN TO: WILLIAM PENN UNIVERSITY  
OFFICE OF ADMISSIONS  
201 TRUEBLOOD AVE  
OSKALOOSA, IA 52577



- ⇒ The attached sheet is yours to keep.
- ⇒ Applications must be filled out in their entirety for you to be considered for employment.
- ⇒ Applicants must possess (or be able to maintain) at least a 2.75 GPA.

### APPLICANT

Legal Name \_\_\_\_\_ ID # \_\_\_\_\_  
*Last First Middle Jr., etc.*

Preferred name, if not first name (only one) \_\_\_\_\_ Birth Date \_\_\_\_\_

Preferred telephone  Home  Cell Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Secondary E-mail \_\_\_\_\_

Permanent home address \_\_\_\_\_  
*Number & Street Apartment #*

\_\_\_\_\_  
*City/Town County or Parish State/Province Country ZIP/Postal Code*

Are you a citizen of the United States?  Yes  No If no, are you authorized to work in the U.S.?  Yes  No

Have you ever worked in the WPU Admissions office?  Yes  No If so, when? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If so, explain \_\_\_\_\_

Position Applying For  Office Assistant  Telecounselor

### EDUCATION

Please list your most recent **high school and all colleges with dates** attended (attach separate sheet if necessary): \_\_\_\_\_ Graduated? \_\_\_\_\_

\_\_\_\_\_  
*School Name City, State, Zip, Country Dates Attended (mm/yyyy)*

\_\_\_\_\_  
*School Name City, State, Zip, Country Dates Attended (mm/yyyy)*

\_\_\_\_\_  
*School Name City, State, Zip, Country Dates Attended (mm/yyyy)*

\_\_\_\_\_  
*School Name City, State, Zip, Country Dates Attended (mm/yyyy)*

High School Graduation Date \_\_\_\_/\_\_\_\_/\_\_\_\_

GED Completion Date \_\_\_\_/\_\_\_\_/\_\_\_\_



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### REFERENCES

Please list three **professional** references (no family or friends):

#1. \_\_\_\_\_  
*Full Name* *Relationship* *Length of time known*

Company: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Email (if known) \_\_\_\_\_

#2. \_\_\_\_\_  
*Full Name* *Relationship* *Length of time known*

Company: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Email (if known) \_\_\_\_\_

#3. \_\_\_\_\_  
*Full Name* *Relationship* *Length of time known*

Company: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Email (if known) \_\_\_\_\_

### PREVIOUS EMPLOYMENT

Please list your two **most recent** jobs:

#1. \_\_\_\_\_  
*Company Name* *Address (City, State, Zip)*

Supervisor: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Email (if known) \_\_\_\_\_

Job Title: \_\_\_\_\_ Employed from \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
*MM/YY-MM/YY*

Responsibilities \_\_\_\_\_ May we contact this supervisor?  Yes  No

#2. \_\_\_\_\_  
*Company Name* *Address (City, State, Zip)*

Supervisor: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Email (if known) \_\_\_\_\_

Job Title: \_\_\_\_\_ Employed from \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
*MM/YY-MM/YY*

Responsibilities \_\_\_\_\_ May we contact this supervisor?  Yes  No

### SIGNATURE

- I certify that all information submitted in this application is factually true and honestly presented.
- I have read and agree to abide by all policies listed on the attached sheet.
- I acknowledge that this document will become the property of the office to which I am applying and will not be returned to me.
- I understand that I may be subject to dismissal should the information I have certified be false or if my GPA drops below the listed requirement.

Signature \_\_\_\_\_ Date \_\_\_\_\_