ILLINOIS VALLEY COMMUNITY COLLEGE

Financial Aid Office
815 N. Orlando Smith Road
Oglesby, IL 61348-9692
Telephone: 815-224-0438
Fax: 815-224-0638

STUDENT EMPLOYMENT APPLICATION

For Office Use Only
___ FWS $_____ per semester ___ CE

Personal Data

Name _____

Date _____

Street Address _____

Student ID# _____

City, State Zip _____

Email _____

Phone #s (____) _____/ (____) _____

Intended Program of Study at IVCC

Anticipated Graduation date: _____
(Semester and year)

_____

Type(s) of Employment Desired

- ☐ Admissions & Records
- ☐ Athletics
- ☐ Automotive-related
- ☐ Bookstore
- ☐ Clerical/Office
- ☐ Computer-related
- ☐ Copy Center
- ☐ Counseling Center

- ☐ Family Literacy
- ☐ Financial Aid
- ☐ Graphic Design
- ☐ Grounds
- ☐ Lab Assistant – Biology
- ☐ Lab Assistant – Chemistry
- ☐ Lab Assistant – Computer
- ☐ Lab Assistant – Math

- ☐ Library
- ☐ Maintenance/Custodial
- ☐ Massage Therapy Office
- ☐ Tutor – English
- ☐ Tutor – Math
- ☐ Tutor – Reading
- ☐ Tutor – Other _____
- ☐ Other _____

Have you previously worked on campus? _____ Where? _____

Are you related to any employee at Illinois Valley Community College or a member of the same household? _____

If so, please indicate his/her name and your relationship. If no, please type N/A. _____

Hours available to work: _____mornings _____afternoons _____evenings

List any skills you have which may be related to your desired employment. i.e. cash register, clerical experience, computer skills/programs (skill level [beginning, intermediate, expert] in Word or Excel for example), writing skills, biology/chemistry class, groundskeeper, etc.

Present & Past Employment

List below present and past employment, beginning with most recent.

Date Month/Year		Name, Address, & Telephone of Employer	Position	Name of Supervisor	May we contact?
from	to				
from	to				
from	to				

Education

School	Name and Address of School	Did you Graduate?	G.P.A.
High School		Yes No	
College		Yes No	

References (faculty, previous employer, former teacher, etc.)

Name & Occupation	Address	Telephone

Are you a member of or retired under State Universities Retirement system: _____ YES _____ NO

Emergency Contact:

_____
Name   Phone #   Relationship

Please read and sign below

✓ You must be enrolled to be considered for either Federal Work Study or College Employment.
✓ Federal Work study funds may not be credited to tuition, fees, or bookstore purchases.
✓ Federal Work Study or College Employment funds are paid to the student on a bi-weekly basis, based on hours worked.
✓ Background checks are required for all positions on campus.
✓ Employment is not guaranteed.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages, be terminated at any time without any previous notice.

_____ _____
Signature   Date

January 2018