



# FINANCIAL AID AND VETERANS SERVICES

Illinois Valley Community College

## 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
- ☐ Note Taking
- ☐ Tutor - English
- ☐ Tutor - Math
- ☐ Tutor - Reading
- ☐ 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 the State Universities Retirement system? \_\_\_\_\_ YES \_\_\_\_\_ NO

Emergency Contact:

Name	Phone #	Relationship
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**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