

Student's Name: _____ Returning FWS New FWS

Local Address: _____

City, State and Zip Code _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Student ID: _____ Major: _____

Are you enrolled for at least six credit hours: Yes No

Are you or will you be working in another position/capacity for DCC? Yes No

Where? _____

Number of hours per week you desire to work: _____

Date available to begin work: _____ Expected Graduation Date: _____

Some work-study positions are located off-campus. Do you have reliable transportation? Yes No

Please check what best describes your abilities, skills and/or interests (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Typing (WPM _____) | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Peer Tutoring |
| <input type="checkbox"/> Bulk Mail Outs | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Access /Database Proficient |
| <input type="checkbox"/> Office Equipment Knowledge | <input type="checkbox"/> Word Proficient | <input type="checkbox"/> Proofreading |
| <input type="checkbox"/> Excel/Spreadsheet Proficient | <input type="checkbox"/> Excellent Math Skills | <input type="checkbox"/> PeopleSoft Knowledge |
| <input type="checkbox"/> Excellent Writing Skills | <input type="checkbox"/> Organizational Skills | <input type="checkbox"/> Library Work Experience |
| <input type="checkbox"/> Research | <input type="checkbox"/> Facilities Maintenance | <input type="checkbox"/> Web Design |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Video Editing | <input type="checkbox"/> Digital Camera |
| <input type="checkbox"/> Audio Visual Equipment | <input type="checkbox"/> Install Hardware / Software | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Filing | <input type="checkbox"/> Telephone Skills / Etiquette | |

Please list any additional special skills or qualifications you think would help us evaluate your application:

Please list prior work experience, starting with your most recent position:

Place of Employment	Title	Dates of Employment	Supervisor's Name	Supervisor's Phone #

What days and hours are you available to work (please attach your class schedule for the requested semester of employment)?

	Monday	Tuesday	Wednesday	Thursday	Friday
A.M.					
P.M.					

****PLEASE ATTACH A COPY OF YOUR CLASS SCHEDULE TO THIS APPLICATION****

Danville Community College is committed to Equal Opportunity / Affirmative Action and Diversity.

The College does not discriminate on the basis of race, sex, color, religion, national origin, age, political affiliation or against other qualified persons with disabilities.

- The FWS is a need-based program and part of the financial aid package. You must complete the FAFSA each year to determine if you are eligible.
- Completion of the Employment Application does not guarantee eligibility or placement in a FWS position.
- In assigning a FWS job, several factors are considered. These factors are financial need, number of hours per week the student can work, the amount of other assistance available to the student, and the total work-study funds available.
- Applications are matched with department requests and students are assigned to areas that correspond with their interests and abilities. The work-study program is flexible – it allows students to work on campus around class and study times.
- The number of work hours assigned is approximately 15 hours per week, while classes are in session.
- Employees currently working for DCC in another capacity may not qualify for work-study.
- You must be enrolled for at least six credit hours while you are employed as a work-study student at DCC.

I understand that by virtue of my student employment with Danville Community College, I may have access to records, which contain individually identifiable information, the disclosure of which is prohibited by the Family Educational Rights and Privacy Act (FERPA) of 1974. I acknowledge that I fully understand that the intentional disclosure by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law. I further acknowledge that such willful or unauthorized disclosure also violates DCC’s policy and could constitute just cause for disciplinary action, including termination of my employment, regardless of whether criminal or civil penalties are imposed.

Student’s Signature _____ Date _____

FOR FINANCIAL AID OFFICE USE ONLY:
 Date Received by Financial Aid: _____
 EFC: _____
 Current Enrollment: _____
 Current GPA: _____