



RESIDENCE LIFE

WORK-STUDY APPLICATION FORM

PLEASE PRINT CLEARLY

Date: _____ G.P.A. _____

Quarter you wish to begin work: _____ Fall _____ Winter _____ Spring _____ Summer

Name: _____ Student UIN Number: _____

Home Address: _____
Street, City, State, Zip Code

Local Address: _____
Street, City, State, Zip Code

E-mail address: _____

Cell Phone: (_____) _____ Alternate Phone: (_____) _____

Are you over the age of 18 years? _____ Yes _____ No. *If no, you may be required to provide authorization to work.*

Course of Study: _____ Are you a housing student? _____ Yes _____ No

If so, what is your Hall and Room? _____

Position applying for, if known: _____

References:

Employer Name	Type of Work	Date Employed	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you able to perform the essential functions of the job for which you have applied, with or without reasonable accommodations? _____ Yes _____ No

If no, please explain: _____

You must complete the FAFSA form. Has this been completed? _____ Yes _____ No

Computer Experience (indicate type of computers used, software used, computer languages known):

Special skills/additional comments (i.e. typing (wpm), filing, etc.):

(Please complete reverse side)

Hours available to work: Mon _____ Tues _____ Wed _____
Thurs _____ Fri _____ Sat _____ Sun _____

Are there any additional comments you would care to make regarding your education, qualifications or experience?

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of facts on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

In the event that I am employed in the Work-Study program by Baker College, I agree to comply with all of its orders, rules and regulations. I hereby authorize my former employers and references to give any lawful information regarding my employment with them, in addition, to furnish any other lawful information they may have concerning me.

I UNDERSTAND THAT EMPLOYMENT AT BAKER COLLEGE SHALL BE "AT WILL" AND MAY BE TERMINATED EITHER BY THE EMPLOYER OR THE EMPLOYEE WITH OR WITHOUT CAUSE. ANY ORAL STATEMENTS OR PROMISES TO THE CONTRARY ARE NOT BINDING UPON THE EMPLOYER.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE

DATE