



**Coconino
Community
College**

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finaid@coconino.edu

APPLICATION FOR FEDERAL WORK STUDY / STUDENT WAGE EMPLOYMENT

Completed By OSFA Only

FWS ELIGIBILITY \$ _____
SW ELIGIBILITY \$ _____
SAP: _____ Hrs Enrolled: _____
FA 20 _____ /SP20 _____ /SU20 _____
By: _____ Date: _____

If you are applying for **Federal Work Study** you must:

- 1) Have a completed financial aid file;
- 2) Have need as determined by the FAFSA;
- 3) Be currently enrolled, or pre-registered for the upcoming semester;
- 4) Be in "**Good**", "**Warning**" or "**Probation**" status according to CCC's Satisfactory Academic Progress Policy

If you are applying for **Student Wage** you must:

- 1) Be currently enrolled or pre-registered for the upcoming semester.

Preferred Dept: _____

If you don't have a preference you may leave this section blank.

PERSONAL INFORMATION

CCC ID#: @ _____ E-Mail address: _____

Name _____
(Last) (First) (Middle)

Address _____
(Current Address) (City) (State) (Zip Code)

Phone Number(s) where you can be reached: _____ Home Cell Work
_____ Home Cell Work

OTHER IMPORTANT INFORMATION

Specify office machines, computer equipment, or other equipment that you can operate, (if applicable to position for which you are applying.)

Specify computer software you can use and years of experience.

RECORD OF EMPLOYMENT

Fill in completely beginning with present or most recent position held.
THIS SECTION MUST BE COMPLETED EVEN IF A RESUME IS ATTACHED.

Name of present or last employer & address (include city and state)				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
				Hours worked per week _____
Type of Business/Name of Supervisor			Starting Date(m/y)	Leaving Date(m/y)
Job Title	Phone Number	Starting Pay	Ending Pay	Reason for Leaving

Description of Work and Responsibilities

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				Hours worked per week _____
Type of Business/Name of Supervisor			Starting Date(m/y)	Leaving Date(m/y)
Job Title	Phone Number	Starting Pay	Ending Pay	Reason for Leaving
Description of Work and Responsibilities				
Name of next previous employer & address (include city and state)				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
				Hours worked per week _____
Type of Business/Name of Supervisor			Starting Date(m/y)	Leaving Date(m/y)
Job Title	Phone Number	Starting Pay	Ending Pay	Reason for Leaving
Description of Work and Responsibilities				

ADDITIONAL INFORMATION

Please give any additional information, which may more fully describe your qualifications, skills, experience, background and interests.

NOTICE TO APPLICANT

I affirm that all information given by me in this application is true. I understand that false information (misrepresentation or omission of information) will disqualify me for employment or cause my subsequent dismissal. I authorize investigation of all statements contained herein. I also authorize the employers and/or references listed to release any and all information concerning my previous employment and any pertinent information they may have and release all parties from any liability for any damages that may result from furnishing such information.

I further understand and agree that, if employed by the College, I will have no expectation of privacy in desks, files, lockers, or any other property owned by the College. I understand that employment of Federal Work-Study employees is subject to a probationary period.

I understand that if my application is over 5 months old and I have not been hired into a FWS or Student Wage position; my application will be purged to my financial aid file. I may submit a current application after this time.

Signature of Applicant _____ Date _____

CCC is an Equal Opportunity/Affirmative Action Institution.

This material may be made available in an alternative format upon request by contacting the Disabilities Resource Office at (928) 226-4243.

Access The Campus Security Report at www.coconino.edu. A paper copy of the Campus Security Report is available upon request