

Pacific College of Oriental Medicine
Federal Work-Study Employment Interest Form
2008-2009 Academic Year

Name:	Email:
Street Address	City/State/Zip
Home Phone:	Cell Phone:

Year in School: ___ 1st ___ 2nd ___ 3rd ___ 4th and above
 Expected Grad date: _____

I am interested in: ___ Any ___ Clinic ___ Library ___ Tutor ___ Office Assistant

Previous Employment:

Company (name and city/state):	
Brief description of job duties:	
Name of Supervisor:	Phone #:
Company (name and city/state):	
Brief description of job duties:	
Name of Supervisor:	Phone #:

Educational History:

Name of College	City/State	Major	Dates Attended	Graduated Yes/No	Degree Received

I certify the above to be true and accurate. I understand that my employment is contingent upon providing necessary proof of eligibility for employment and proof of eligibility for Federal Work-Study. I understand that I must maintain at least half time enrollment to be eligible to work under the FWS program and that my continued employment is based on satisfactory work performance, funding availability and schedule availability.

Signature

Date

Financial Aid Office Confirmation:

_____ (Shanna Joy or Sandra) Date _____

Maximum available to Earn: \$ _____

Availability Schedule:

Name: _____

Term: _____ Fall 2008 _____ Winter 2009 _____ Spring 2009

Mark off days and times you are available to work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8-9 am						
9-10 am						
10-11 am						
11-12 am						
12-1 pm						
1-2 pm						
2-3 pm						
3-4 pm						
4-5 pm						
5-6 pm						
6-7 pm						
7-8 pm						
8-9 pm						

For Office Use: