College Work-Study

2009-10 Employment Application

(Please Print Clearly)

Student Name: ___________________________________________________________

First Name ___________________ Last Name _______________________________

Major: ( ) Animation ( ) Fine Art ( ) Graphic Design ( ) Illustration ( ) Interior Design ( ) Photography

Mailing Address: _________________________________________________________

City: _________________________ State: _____ Zip: _________________________

Check One: ( ) New Student ( ) Returning Student ( ) I worked on-campus last year in __________________________

Specify Dept.

Phone: ( )________-__________ Cell Phone: ( )________-__________

Email: ______________________@________________________

Desired Position(s):

( ) Office Aide: Specify Dept./Location

( ) Community Service Aide: Specify Site/Location*—Ex. Christina Cultural Arts, Kuumba Academy, Delaware Center Contemporary Arts, Delaware Division of the Arts, etc.

( ) Lab Monitor: Specify Dept./Location

( ) Studio Assistant: Specify Location/Area

( ) Other: Specify Dept. / Location

Interest in Working: (Check all that apply below)

( ) Fall 2008 ( ) Spring 2009 ( ) Summer 2009

When? ( x ) Pending my schedule of classes—Times I would like to work checked below:

<table>
<thead>
<tr>
<th>Day</th>
<th>Morning</th>
<th>Afternoon</th>
<th>Evening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon</td>
<td>(       )</td>
<td>(         )</td>
<td>(       )</td>
</tr>
<tr>
<td>Tues</td>
<td>(       )</td>
<td>(         )</td>
<td>(       )</td>
</tr>
<tr>
<td>Wed</td>
<td>(       )</td>
<td>(         )</td>
<td>(       )</td>
</tr>
<tr>
<td>Thurs</td>
<td>(       )</td>
<td>(         )</td>
<td>(       )</td>
</tr>
<tr>
<td>Fri</td>
<td>(       )</td>
<td>(         )</td>
<td>(       )</td>
</tr>
<tr>
<td>Sat</td>
<td>(       )</td>
<td>(         )</td>
<td>(       )</td>
</tr>
<tr>
<td>Sun</td>
<td>(       )</td>
<td>(         )</td>
<td>(       )</td>
</tr>
</tbody>
</table>

Please Complete pg. 2…
FA: Work Study Employment Application 2009-10

First Name: __________________ Last Name: ___________________________

My Strengths/Skills (Things I like to do and do well): (Please check & List below)

(     ) Filing  (     ) Teaching adults to read and understand
(     ) Making Telephone Calls  (     ) Entering Computer Data
(     ) Answering Phone and Taking Messages  (     ) Copying Materials
(     ) Word Processing Forms, Letters, Reports  (     ) Collating and Organizing Materials
(     ) Working with art projects with children  (     ) Giving Presentations
(     ) Teaching Children to read and understand  (     ) Guiding Tours
(     ) Researching information Online  (     ) Processing Mailings
(     ) My Other Skills: ___________________________________________________________

I want to learn: (Please List or Describe)

Explain why we should hire you over any other CWS candidate:

Prior Work Experience: (Please List)

<table>
<thead>
<tr>
<th>Position(s)</th>
<th>Location</th>
<th>Dates</th>
<th>Skills Used and/or Acquired</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I certify that the information listed on my CWS application is true. I understand that I may be contacted by prospective DCAD or DCAD affiliated Community employers. I further understand that I am responsible for contacting potential DCAD or affiliated supervisors once I enroll at DCAD in order to maximize my placement opportunities in order to be hired. I understand that once hired and assigned a CWS job, I will complete CWS orientation/paperwork through the Financial Aid Office and am expected to successfully complete orientation with my supervisor for my assigned CWS position. I understand that should my supervisor or I determine that I do or cannot meet the expectations of my CWS position, the DCAD financial aid office may elect to transfer me to another Dept. or dismiss me from the CWS program.

Print:  First Name                      Last Name

Signature                      Today’s Date

Please return your completed College Work-Study Application to Financial Aid Office, Rm. 120 Via Enclosed Return Envelope or Walk-In

Thank you for your interest in working while you study at DCAD. Your application will be reviewed by prospective supervisors. You will be contacted by offices that may want to employ you this school year. CWS pays $8.00 per hour and students are paid on the 15th and at the end of each month. Paychecks are placed in campus mailboxes.

Financial Aid Office Use Only

Application Reviewed: ___________________________ Date: ___________________________ Hired: ___________________________

CWS Orientation Completed: ( ) CWS Authorization Form ( ) W-4 ( ) I-9 Form ( ) ID-1 ( ) ID-2 ( ) Expectations ( ) CWS Contract/Confidentiality Agreement

CWS Paperwork Submitted:

Comments/Recommendations:_________________________________________________________________________________________________

_________________________________________________________________________________________________