

# Southern Union Office of Education (SUCOE)

## Southern Union Library/Information Resources (SU-LIR) Work Study Pilot Program

### Student Screening Application

#### Applicant

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

*Street Address*

*Apt/Unit #*

*City, State, and ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you SDA? \_\_\_\_\_ Church: \_\_\_\_\_ Conference: \_\_\_\_\_

	YES	NO	Explain:
Are you eligible to work in the U.S.?			
Are you willing to take a drug test?			
If no, why?			
Are you able to lift 50 lbs. alone and 150 lbs. with assistance?			

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### Education

#### High School

School Name: \_\_\_\_\_ Address: \_\_\_\_\_

No. of Years Completed: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

#### College

School Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Major: \_\_\_\_\_

School you plan to attend next year: \_\_\_\_\_

Current GPA: \_\_\_\_\_ School Student ID#: \_\_\_\_\_

Address during school year: \_\_\_\_\_

*NOTE: You must submit a copy of an unofficial college transcript.*

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### Work History

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Email address: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor? \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Email address: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor? \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Email address: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor? \_\_\_\_\_

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#### References

##### **Pastor**

Full name: \_\_\_\_\_ Email address: \_\_\_\_\_

Church Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Address: \_\_\_\_\_

##### **Professor**

Full name: \_\_\_\_\_ Email address: \_\_\_\_\_

Church Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Address: \_\_\_\_\_

##### **Professor/Supervisor**

Full name: \_\_\_\_\_ Email address: \_\_\_\_\_

Church Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Address: \_\_\_\_\_

*NOTE: References will be asked to complete and return a reference form.*

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### Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*I understand that if I am selected to participate in this program, I will be required to complete a Federal I-9 form and to provide documentation verifying my right to work in the United States.*

*If this application leads to employment, I understand that false and misleading information in my application interview may result in my release.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_