

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: _____