



LOUISIANA DELTA  
COMMUNITY COLLEGE

OFFICE OF FINANCIAL AID

Federal Work Study Job Application

Semester(s): \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer Year: 20 \_\_\_ -20 \_\_\_

Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Student ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Campus Attending: \_\_\_\_\_

Are you authorized to work in the U.S.? Yes No

Have you ever worked for this company? Yes No If yes, when?

Have you ever been convicted of a felony? Yes No

If yes,  
explain:

Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes No

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

Major: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

References

Please list two professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Email \_\_\_\_\_

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Full Name: Relationship:  
Company: Phone: ( )  
Address: Email :

**Previous Employment**

Company: Phone: ( )  
Address: Supervisor:  
Job Title:  
Responsibilities:  
From: To: Reason for Leaving:  
May we contact your previous supervisor for a reference? Yes No

Company: Phone: ( )  
Address: Supervisor:  
Job Title:  
Responsibilities:  
From: To: Reason for Leaving:  
May we contact your previous supervisor for a reference? Yes No

**Skills and Qualifications**

Please list your skills here: (for example, Create Word Documents using Microsoft Word)

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**Disclaimer and Authorizations**

*I authorize LDCC Financial Aid to use information on this application to facilitate my assignment to a FWS Student Employment job.*

*I understand that FWS earnings are (1) contingent upon receiving a job offer, (2) hours worked, (3) subject to taxation, (4) and that I must be enrolled at least 6 hrs.*

*I understand that, prior to beginning work on the FWS program; I must complete and submit (1) proof of my identity and eligibility to work in the US and (2) a Federal W-4 form.*

*I understand that my performance will be evaluated and that I can be terminated for attendance issues or unacceptable job performance.*

*I understand that confidentiality is of the utmost importance in any job placement.*

*I understand that this job application will be active until the end of the current academic year and that I may withdraw the application by contacting LDCC Office of Financial Aid..*

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

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

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

**FWS Student Job Seekers:** A **SIGNED** copy of this application **must be submitted** to the Office of Financial Aid.

**RETURN TO:**

The Office of Financial Aid  
Louisiana Delta Community College  
7500 Millhaven Road, Monroe, LA 71203  
Phone: (318) 345-9005      www.ladelta.edu

**NOTE:** When you submit your application for a specific FWS position, you **MUST** include a copy of this application. You are free to attach your own résumé, cover letter, and letters of recommendation to this application when submitting it for consideration of a specific job. When you are no longer in an active job search, please notify us to withdraw this application.

Rev. 09/12/18

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