

CCA STUDENT EMPLOYMENT APPLICATION

When completed you should submit a copy to each office, department, etc. in which you wish to be considered for a position. Be sure to list the POSITION TITLE.

**submit application directly to supervisor*

Name:

Local Mailing Address:

Local Telephone #:

CCA ID#:

Summer Units:

Fall Units:

Spring Units:

Major:

CCA E-mail Address **Only**:

I have a: Federal Work-Study (FWS) Award of \$ _____
 Institutional Work-Study (IWS) Award of \$ _____
**please check your Financial Aid Award Letter for amounts*

Position Applying For:

Department/ Office:

Special Skills or Knowledge Relevant to this Position:

List the hours you are available to work:

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Student's Signature:

Date: