APPLICATION FOR WORK-STUDY EMPLOYMENT
2018-19

NAME_____
Last **First** **Student ID**

PERMANENT HOME ADDRESS_____
Street/P.O. Box **City** **State** **Zip**

HOME OR CELL PHONE NUMBER ( ) _____-_____

EMAIL ADDRESS: _____

ADDRESS WHILE ATTENDING VC_____
Street/P.O. Box **City** **State** **Zip**

PHONE NUMBER WHILE ATTENDING VC ( ) _____-_____

COLLEGE MAJOR_____

CAMPUS: ( ) Vernon ( ) Skills Training Center ( ) Century City Center

Have you completed a Free Application for Federal Student Aid (REQUIRED)? ( ) Yes ( ) No

II. EMPLOYMENT HISTORY AND TRAINING

Please describe your skills, employment history and or any specialized training or experience.

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Signature **Date**