



Application for Federal Work Study

Last Name _____ First Name _____
 Address _____ Social Security Number _____
 City _____ State _____ ZIP _____
 Phone Numbers Home () _____ Work () _____
 Cell Phone () _____ Email Address _____
 Major _____ Expected Graduation Date _____

Application is for: Summer Fall Winter

Are you currently employed? yes no

Are you able to work between trimesters? yes no

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1. Work History — List in chronological order, most recent first:

From	To	Name and Phone Number of Employer	Job Title/Duties

2. List special training or skills:

Have you ever been convicted of a criminal offense? yes no

If yes, list date and jurisdiction(s).*

*Note: A conviction will not necessarily be a bar to employment. Factors such as date, nature and number of offenses, age at the time of the offense, bona fide requirements of a position (e.g. traffic violations and position requiring driving) will be taken into consideration.

3. Please provide three professional references:

Name	Title	Phone Number	No. of Years Acquainted

4. List the hours you are or will be enrolled in classes:

Morning Class Times

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Evening Class Times

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

5. List the hours you are or will be available to work:

Morning Hours Available

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Evening Hours Available

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Authorization Agreement

This is to inform you that as part of our procedure for processing your application, a background investigation may be conducted by Franklin University or its agents, whereby information is obtained through personal interviews through third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted.

I hereby authorize Franklin University or its agents to conduct such investigations in connections with my employment, as may be necessary, at their discretion. I authorize and request all persons, firms, law enforcement agencies, and educational institutions who may have information relevant to this investigation to disclose it to Franklin University or its agents, and I release all such parties from any liability on account of any such disclosures. I also release Franklin University and its agents from any liability that may result from this investigation. Any copy of this authorization and agreement shall be as valid as the original.

The completion of this employment application does not represent an offer of employment. Franklin University is an equal opportunity employer.

6. Signature _____ **Date** _____

7. Return application to:

Franklin University Human Resources | 201 S. Grant Ave. | Columbus, OH 43215-5399 | Phone: 614.947.6540 | Fax: 614.947.6538