

Work-Study Employment Application

Education Consortium of Central Los Angeles

2801 S. Hoover St., Los Angeles, California 90007

(213) 743-4516 ph (213) 743-4511 fax

www.eccla.org

Applicants are considered without regard to race, creed, color, sex, religion, age, or national origin.

PRINT OR TYPE ALL INFORMATION

Name _____ Program _____

	LOCAL CONTACT INFORMATION		PERMANENT CONTACT INFORMATION
Street:		Apt	
City, State, Zip:			
Phone:			
E-mail:			

USC Student ID Number

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Social Security Number

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Study level: Freshman Sophomore Junior Senior Masters PhD Other _____

Field of Study: _____

Please submit:

- a resume,
- a one- to two-page writing sample, and
- a copy of your work-study award.

Hours per week you want to work:

Amount of work-study award:

SIGN HERE	_____	_____
	SIGNATURE	DATE

(You can send this by e-mail and sign when you come for an interview.)

For office
use only

Date of interview:

Notes:

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NEW WORK STUDY EMPLOYEE INFORMATION

Education Consortium of Central Los Angeles

Name: _____

Attach to Work Study Employment Application **after hire** (not as part of initial application)

Work Study Supervisor: _____ Initial Pay Rate: _____

Date of Birth _____ Gender (circle): M F

Fed WS Job Description _____ USC WS Job Code: _____ .ACS
(to be determined with ECCLA)

Emergency Contact Information

Name:		Relationship:
Street:		Apt
City, State, Zip:		
Phone:	Cel: _____	Work: _____ Other: _____
E-mail:		

Acknowledgment of Rules and Responsibilities

I understand that I am required to abide by all rules and regulations of ECCLA and its affiliated organizations.

I hereby certify that the above information is true and complete to the best of my knowledge, and that the information contained in my Work Study Employment Application is true and correct.

I understand that any false or misleading information or omissions of material facts may be cause for dismissal.

I understand that I am employed through ECCLA on behalf of the project but that, in order to use the work-study grant, I will become an employee of USC. **I must make an appointment with USC Enrollment Services Department to complete the paperwork required in order to be entered into the USC Payroll System.** At this appointment I must show proof of identity (usually a drivers license or passport), plus I must show either proof of U.S. citizenship (usually birth certificate or passport) or proof of authorization to work in the U.S. (usually a Social Security Card, Green Card, or Visa document). I agree to complete this appointment in a timely fashion. I understand that I am not authorized to begin my work-study job until I have completed this appointment.

SIGNATURE OF APPLICANT _____

DATE _____