



Application for Employment under the Work Study Program

Personal Information: [PLEASE PRINT CLEARLY]

LAST NAME	FIRST NAME AND MIDDLE INITIAL(S)
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CURRENT MAILING ADDRESS (while attending SELKIRK COLLEGE)		
CITY	PROVINCE	POSTAL CODE

SOCIAL INSURANCE NUMBER									

STUDENT ID NUMBER					

DATE OF BIRTH					
Year		Month		Day	

Program of Study:

PROGRAM NAME	YEAR OF PROGRAM		
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

TELEPHONE NUMBER									

Name of Position Applying for:

(see job postings for title of position)

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CAMPUS	
<input type="checkbox"/> Castlegar	<input type="checkbox"/> Tenth Street
<input type="checkbox"/> Silver King	<input type="checkbox"/> Trail
<input type="checkbox"/> Other _____	

PLEASE LIST PREVIOUS EDUCATION AND/OR EXPERIENCE THAT WOULD DEMONSTRATE AND SUPPORT YOUR QUALIFICATIONS AND SKILLS FOR THIS POSITION. FEEL FREE TO ATTACH A RESUME AS WELL.

Your skills:

Terms and Conditions

- All information given here is true and complete to the best of my knowledge.
- I understand that if any information is found to be untrue, this application may be cancelled and my position terminated.
- I am/will be a full time student, registered and attending full time studies over the duration of my work-study employment. I will notify the Financial Aid Office should I discontinue my studies, or should my situation change.
- If hired I agree to have my work study earnings applied to any outstanding tuition or fees.

Student Signature

Date