



## VA Student Work Study Application

Date: \_\_\_\_\_

Students must be currently enrolled in CSUSM using one on the following programs:

- Post 9/11 GI Bill (38 U.S.C. Chapter 33)
  - Montgomery GI Bill Active Duty (38 U.S.C. Chapter 30)
  - Vocational Training and Rehabilitation for Veterans (38 U.S.C. Chapter 31)
  - Post-Vietnam Era Veterans Educational Assistance Program (38 U.S.C. Chapter 32)
  - Dependents Educational Assistance Program (38 U.S.C. Chapter 35)
  - Montgomery GI Bill Selected Reserve (10 U.S.C. Chapter 1606)
- or
- Eligible dependents under 38 U.S.C. Chapter 35 may use work-study only while training in a state.

Position						
Title: <u>CSUSM EL VA Work Study</u>		# of hours per week?	Up to 5	Up to 10	Up to 15	Up to 20
General Information						
Last Name:		First Name:		Middle:		
Address						
City:			State:	Zip:		
Cell Phone:		Home Phone:		Email:		
Can you legally work in U.S.? Yes No		Do you have a valid Ca Drivers License? Yes No		Are you over 18? Yes No		
Have you ever been employed by CSUSM? Yes No	Dates employed		Department		Position	
Do you have any relatives employed at CSUSM? Yes No	Name		Department		Relationship	
Have you ever been convicted of a criminal offense by any court? Yes No This includes any offense where you were found guilty, pled guilty or pled nolo contendere. You may omit: a. traffic violations for which the fine imposed was \$300.00 or less; b. conviction of misdemeanor while under the age of 18, if the record was sealed under Penal Code 1203.45; or c. any conviction specified in the Health and Safety Code Section 11361.5 which pertains to various marijuana offenses.						
If you answer "yes", please list the dates, places, and specific offense(s) on this form. <small>A conviction will not necessarily disqualify you from consideration for employment.</small>						
Education						
Name of School	Location	No. of Units Completed	G.P.A.	Degree or Diploma	Major	Minor
Are you attending school right now? Yes No	What hours?	Course of study:	Do you plan further educational study? Yes No		If "yes", what field and where?	
Expected Graduation Date:		Have you been approved and certified to receive VA educational benefits? Yes No List current benefit(s): _____				
Language(s) spoken:						

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List membership in professional societies and/or committees. Give state, number, and expiration date. (You may exclude names of organizations which may reveal your race, color, religion, national origin, ancestry, or physical handicap.)			
Additional information including special projects, skills, published writings, training, machines operated special interests and community activities. (You may exclude names of organizations which may reveal your race, color, religion, national origin, ancestry, or physical handicap.)			
<b>Employment Record</b>			
List your present or most recent employer first and include U.S. Armed Forces experience and major volunteer experience. Account for all time during at least the past ten years, including periods of unemployment. (You may exclude names or organizations, which may reveal your race, color, religion, national origin, or ancestry.)			
Position Title	Start Date	End Date	
Employer	Type of Business	Total Yrs./Mos.	
Street Address, City, State, Zip Code			
Immediate Supervisor		Phone Number	
Reason for Leaving		May we contact this employer? Yes    No	
Duties Performed:			
Position Title	Start Date	End Date	
Employer	Type of Business	Total Yrs./Mos.	
Street Address, City, State, Zip Code			
Immediate Supervisor		Phone Number	
Reason for Leaving		May we contact this employer? Yes    No	
Duties Performed:			
Position Title	Start Date	End Date	
Employer	Type of Business	Total Yrs./Mos.	
Street Address, City, State, Zip Code			
Immediate Supervisor		Phone Number	
Reason for Leaving		May we contact this employer? Yes    No	
Duties Performed:			
<b>References</b>			
Name	Position	Phone	Email
Name	Position	Phone	Email
Name	Position	Phone	Email
I certify that all statements on this application are true and complete to the best of my knowledge and belief. If employed, I understand that any falsification of this record may be considered cause for separation.			
_____		_____	
Applicant's Signature		Date	
V1.0619			