Delaware Valley College

Student Employment Application Fall, 2010

Contact Information: Please Print
Name: ___________________________         Anticipated Year of Grad: _________
Major: ___________________________         GPA: __________________________
Cell Phone: _______________________               Room #: ______________________
E-Mail: __________________________         Student ID #: ____________________

Have you worked on campus previously? YES or NO (circle one) Where?
________________________________________________________________________

Department you are applying to work in: _____________________________________

List any experiences you have had related to the Department(s)/Area(s) listed
(if additional room is needed, please use the back or attach a resume instead):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student’s Signature: ___________________________         Date: ___________
* By signing the student acknowledges they are in good standing and registered full-time
for Fall, 2010, classes.

Supervisor Use Only

Department Requesting Hire: _________________        Start Date: _________________
Supervisor’s Signature: __________________________     Date: ____________________

Financial Aid Approval: ___________________________
Approval will be based on both the Department’s available budget and on the
student’s qualified demonstrated need.

Return completed original application to the Financial Aid Office located on the
2nd floor of Lasker Hall.