



Excellence • Integrity • Accountability • Service

Office of Financial Aid & Scholarships

L.C. Barnes Administration Bldg., Rm A-43

3050 Martin Luther King, Jr. Drive Shreveport, La 71107

Phone: (318) 670-9221 Fax: (318) 670-6313 Email: [financialaid@susla.edu](mailto:financialaid@susla.edu)

## STUDENT EMPLOYMENT APPLICATION

(Federal Work Study Program)

**\*\*CHECK ALL SEMESTERS OF INTEREST\*\***

Fall    Spring    Summer

**ARE YOU INTERESTED IN AN OFF-CAMPUS JOB?    YES    NO**

<b>Name:</b>	<b>Academic Major:</b>
<b>Social Security Number:</b>	<b>Student Banner Number:</b>
<b>Street Address:</b>	<b>City, State, Zip Code:</b>
<b>Telephone Number:</b>	<b>Email Address:</b>

### Skills & Abilities (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Data Entry   | <input type="checkbox"/> Filing/Sorting   |
| <input type="checkbox"/> Typing Speed: _____  | <input type="checkbox"/> Heavy lifting    |
| <input type="checkbox"/> Microsoft Office (Word, Excel, PowerPoint)                           | <input type="checkbox"/> Customer Service |
| <input type="checkbox"/> Use of all office equipment (computer, typewriter, copier, fax, etc) | <input type="checkbox"/> Inventory        |
| <input type="checkbox"/> Tutoring Subject(s) _____  | <input type="checkbox"/> Multi Phone Line |

### CONFIDENTIALITY AGREEMENT

*At Southern University at Shreveport, I understand that I may have access to files containing information, which includes but is not limited to confidentiality issues regarding employees and students. I understand that I have access to this information only because I am employed in this Department/Work Area. I agree that I shall not disclose this information to anyone outside of this Department/Work Area.*

*I agree to be bound by this Confidentiality Agreement and take all reasonable, necessary and appropriate steps to safeguard private data from disclosure to anyone except as permitted under the Agreement. I understand that violation of this agreement will subject me to disciplinary action affecting my employment at Southern University at Shreveport as a student worker.*

Southern University at Shreveport does not discriminate on the basis of race, color, national origin, gender, age or disability. Title IX Coordinator: Ms. Tilisha T. Bryant, Administration Building, Room A-43, (318) 670-9210. Section 504 Coordinator: Ms. Jerushka Ellis, Fine Arts Building, Room C04 D, (318) 670-9473.



**SUPERVISOR REQUEST**

If someone is requesting you (the student) to work in their department, please have them complete this section. Otherwise, leave this section blank.

<b>Requestor Name:</b>	
<b>Department:</b>	
<b>Telephone Extension:</b>	
<b>Email Address:</b>	

**Requestor's Signature:** \_\_\_\_\_

*As a Southern University at Shreveport student, I understand that failure to attend class and/or failure to maintain proper work ethics will result in my immediate dismissal from the program if hired. **I understand that this is a part-time job. No student should work during scheduled class periods. A student may work up to twenty (20) hours per week while classes are in session. Federal Work-Study students may work up to thirty-five (35) hours per week between terms and during Spring Break if the employer has sufficient work and adequate budget. I also understand I cannot exceed my maximum allowable earnings for the work-study assignment period.** As a student employee, I will abide by all rules and regulations set forth by the University, Work Study Coordinator and the assigned Supervisor.*

Student Name (please print)	Student Signature	Date

<b><u>FOR OFFICE USE ONLY</u></b>			
Attempted Hours: _____	Earned Hours: _____	GPA: _____	Pay Rate: <u>\$8.00</u>
Fall: _____	Spring: _____	Summer: _____	

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