

WORK STUDY APPLICATION

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State

Telephone \_\_\_\_\_ Cell # \_\_\_\_\_

In Case of Emergency Notify \_\_\_\_\_

Number of Absences to UB events: \_\_\_\_\_ (Not including School Activities)

Occupational Experiences (Please start with your **most recent employer** and whether you are presently employed):

Employer	City,	State	Position Held	Dates of Employment

High School Attending \_\_\_\_\_ Birthdate/Age \_\_\_\_\_

Career(s) interested in: \_\_\_\_\_

Any pre planned dates you will miss during the Summer Program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_