 **470 Western Highway, Orangeburg, NY 10962**

**Office of Financial Aid (845) 848-7831**

**20 \_\_\_ / 20 \_\_\_**

**CLINICAL / FIELD WORK STUDY STUDENTS**

**APPLICATION FOR CAMPUS EMPLOYMENT**

**(Please Print) STUDENT ID# \_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_**

**First Last**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone # ( )\_\_\_\_\_\_\_-\_\_\_\_\_\_\_**

**Number and Street area code number**

**Apt # \_\_\_\_\_\_\_\_\_\_\_\_ Home Phone # ( )\_\_\_\_\_\_\_-\_\_\_\_\_\_\_**

**area code number**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_**

**YEAR IN SCHOOL: \_\_\_\_ FRESHMAN \_\_\_\_\_\_ SOPHMORE \_\_\_\_\_\_ JUNIOR \_\_\_\_\_\_SENIOR**

**MAJOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check One: \_\_\_\_Dorm \_\_\_\_Commuter**

**Complete and return the following documents to the Office of Financial Aid:**

* **Application for Campus Employment**
* **W-4 Tax (employee’s withholding Allowance Certificate)**
* **USCIS Form I-9 (Department of Homeland Security)**
  + **TWO IDs – Documents to Establish Identity (one must be photo ID and unexpired)**

**ACCOUNTABILITY for PAYMENT**

**Please Note: Field/Clinical work location information (required)**

**Field/Clinical Location/Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location Address: Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_**

**Field Location Phone #: \_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Revised 2/22/23