

Please list experience gained that will complement student's academic program or career goals (required for all Federal Work-Study job listings):

If the job meets any of the following criteria, it is the policy of Indiana University that all new Staff and specified new Hourly employees have certain credentials and criminal and other background information verified as a condition of employment. Please use the following website for consent form: <http://www.indiana.edu/~hrm/employment/jobapp.html>

Please complete the checklist of duties and responsibilities. This job description includes work that involves:

- | | | |
|---|-----|----|
| Handling financial, student or personnel data or records? | Yes | No |
| Confidential or sensitive data or information? | Yes | No |
| Handling cash, checks, or credit card transactions? | Yes | No |
| Responsibilities for/or providing services to anyone under the age of 18? | Yes | No |
| Possessing keys/codes or other means of entry to living spaces within university housing, e.g., dormitory rooms, hotel rooms, or apartments? | Yes | No |
| Access to a select agent or toxin as defined by the Centers for Disease Control (CDC) or which will load, unload, prepare for transport, transport, or offer for transportation any quantity of radioactive materials or a quantity of hazardous material which requires placards? | Yes | No |
| Does this position require the employee to drive a vehicle or transport others?
If yes, a Motor Vehicle Records Check is required. Please use the following website for this form: https://www.indiana.edu/~riskmgmt/DLSubmission.html | Yes | No |

SUPERVISOR: This person must be present at the work site when the student is working. He/she is also the person who regulates hours of work and generally ensures that the employee is performing his/her duties properly.

Supervisor's name and job title: _____

Phone number: _____ **E-mail address:** _____

Fax number: _____

Mailing address (if different from that of contact): _____

IMMEDIATE SUPERVISOR COMMENTS: _____

Signature: _____

Date: _____

MANAGEMENT COMMENTS (second level supervisor): _____

Signature: _____

Date: _____

To Be Completed by Federal Work-Study Community Service Employers

Describe the services your organization provides for the local community and how your organization improves the quality of life in the community:

Describe how this Work-Study position above will enable your agency to achieve this purpose:

Please complete checklist of services provided:

Literacy training, reading or math tutor	Yes	No
Health care	Yes	No
Child care	Yes	No
Welfare, social services	Yes	No
Transportation, housing, or neighborhood improvement	Yes	No
Public safety or crime prevention and control	Yes	No
Rural development or community improvement	Yes	No
Work in service opportunities or Youth Corps	Yes	No
Support services for students with disabilities	Yes	No
Mentor for such purposes as supporting educational and recreational activities, or counseling	Yes	No

Agency funding sources (check all that apply):

- federal
- city/county
- other (please explain):
- state
- United Way

Agency's staffing (number of positions):

- Full-time paid staff _____
- Part-time paid staff _____
- Student employees _____
- Volunteers _____
- Total staff _____

ADDITIONAL COMMENTS: _____
