## 2024/2025

## Student Employment

## Candidate Request Form

Requested Date:
Supervisor Name:
$\qquad$

E-mail Address:
$\qquad$

Department/Hiring Site: $\qquad$

Student Employment Office:
Received:
Reviewed:
Sent to Dept:

Supervisors: Please provide the information below. Please check the correct funding for each job listing number. E-mail the form to your Student Employment Specialist when completed. The SEO will return the form to you via e-mail with the eligibility status of each candidate. A " $Y$ " in the district or FWS column indicates the student is eligible for that particular program. An " N " indicates they are not eligible for that particular program and should not be interviewed for that position. *Student's must be hired at their home college ONLY for all positions. If their home college is different than where being hired, they will be ineligible. **IP translates to an "incomplete financial aid file" and cannot determine eligibility at this time. Student will be notified by Student Employment.

| Supervisor Section |  |  |  |  |  | Student Employment Office Use Only |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\begin{gathered} \hline \text { Student } \\ \text { ID } \\ \text { Number } \\ \hline \end{gathered}$ | Student's Last Name | Student's First Name | Job Listing Number | $\begin{aligned} & \text { FWS } \\ & \text { (v) } \end{aligned}$ | DISTRICT <br> (v) | $\begin{gathered} \hline \text { FA } \\ \text { Status } \end{gathered}$ | CGPA | Units | *Home College | DISTRICT Eligible? (Y/N) | $\begin{gathered} \text { FWS } \\ \begin{array}{c} \text { Eligible? } \\ * *(Y / N / P) \end{array} \end{gathered}$ |
|  |  |  |  | $\square$ | $\square$ |  |  |  |  |  |  |
|  |  |  |  | $\square$ | $\square$ |  |  |  |  |  |  |
|  |  |  |  | $\square$ | $\square$ |  |  |  |  |  |  |
|  |  |  |  | $\square$ | $\square$ |  |  |  |  |  |  |
|  |  |  |  | $\square$ | $\square$ |  |  |  |  |  |  |
|  |  |  |  | $\square$ | $\square$ |  |  |  |  |  |  |
|  |  |  |  | $\square$ | $\square$ |  |  |  |  |  |  |
|  |  |  |  | $\square$ | $\square$ |  |  |  |  |  |  |
|  |  |  |  | $\square$ | $\square$ |  |  |  |  |  |  |
|  |  |  |  | $\square$ | $\square$ |  |  |  |  |  |  |
|  |  |  |  | $\square$ | $\square$ |  |  |  |  |  |  |
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|  |  |  |  | $\square$ | $\square$ |  |  |  |  |  |  |
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|  |  |  |  | $\square$ | $\square$ |  |  |  |  |  |  |

