



## CalWORKs Work-Study Interest Form

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Major: \_\_\_\_\_ Expected graduation/transfer date: \_\_\_\_\_

### Please provide specific skills (include a resume):

Check those Microsoft programs in which you are proficient in:

☐ Word ☐ Excel ☐ PowerPoint ☐ Publisher ☐ Outlook ☐ Other: \_\_\_\_\_

Additional Skills: \_\_\_\_\_

Typing Skills/WPM: \_\_\_\_\_ Bilingual: \_\_\_\_\_

Please indicate the hours you are **available to work**.

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 AM					
8:30 AM					
9:00 AM					
9:30 AM					
10:00 AM					
10:30 AM					
11:00 AM					
11:30 AM					
12:00 PM					
12:30 PM					
1:00 PM					
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5:00 PM					
5:30 PM					
6:00 PM					
6:30 PM					