

FOR OFFICE USE:

Date Received: _____ By: _____ Approved _____

CDC _____ FWS _____ CW _____

East Los Angeles College
Child Development Center

VI. INDICATE THE HOURS YOU ARE AVAILABLE TO WORK:

Semester _____ 20 _____

Semester _____ 20 _____

Monday: _____

Monday: _____

Tuesday: _____

Tuesday: _____

Wednesday: _____

Wednesday: _____

Thursday: _____

Thursday: _____

Friday: _____

Friday: _____

NOTE: All student worker applications are kept for one (1) year. You must re-apply annually if you have not been called and would like to be considered.

VII. WRITE A PARAGRAPH OR TWO ABOUT YOURSELF:

Signature: _____

Date: _____