

2020-2021 FEDERAL WORK STUDY EMPLOYER PROFILE

Agency/Employer: _____ Date: _____

Address: _____
STREET CITY STATE ZIP CODE

Website: _____

Phone: (_____) _____ Fax: (_____) _____

Chief Officer of Organization:

NAME	TITLE

Address where work is to be performed, if different from employer's principal office:

STREET	CITY	STATE	ZIP CODE

Is the employer a Federal, State, or local public agency or a private non-profit agency? **Do not leave blank**

Yes
 No

Is the employer classified by the Internal Revenue Service as a tax-exempt organization? **Do not leave blank**

Yes
 No

Employer's Federal Tax ID # : _____

Please list of specific activities/ job functions of the organization:

CONTACT PERSON FOR EMPLOYER

Name : _____ Title: _____

Email: _____

Phone: (_____) _____ Fax: (_____) _____

Please return this form to: Monica Martinez-Daniels
Financial Aid Office
2106 Student Services Building
900 University Ave, Riverside, CA 92521-0211