

UNIVERSITY OF CALIFORNIA, RIVERSIDE
2018-2019 FEDERAL WORK-STUDY PROGRAM
EMPLOYER PROFILE

Agency/Employer: _____ Date: _____

Address: _____
Street City State Zip Code

Website: _____

Phone: () _____ Fax: () _____

Chief Officer of
Organization: _____
Name Title

Contact Person
for Work-Study: _____
Name Title
_____ () _____ ()
E-mail Phone Fax

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 private non-profit agency?
Yes [] No [] DO NOT LEAVE BLANK

Is the employer classified by the Internal Revenue Service as a tax-exempt organization?
Yes [] No [] DO NOT LEAVE BLANK

Employer's Federal Tax ID# _____

List specific activities of the organization:

Return to: Kelly Stewart |Federal Work Study Coordinator
Financial Aid Office - 2106 Student Services Building
900 University Ave, Riverside, CA 92521-0211