## UCRIVERSITY OF CALIFORNIA



## 2019-2020 FEDERAL WORK STUDY EMPLOYER PROFILE

| Agency/Employer:  |                       | C                                  | Date:         |  |
|---|-----------------------|------------------------------------|---------------|--|
| Address:  |                       |                                    |               |  |
| STREET<br>Website:  | CITY                  | STATE                              | ZIP CODE      |  |
| Website.  |                       |                                    |               |  |
| · · · · · · · · · · · · · · · · · · ·   |                       | <br>                               |               |  |
| 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                                     | c agency or a private | non-profit agency? <b>Do not l</b> | eave blank    |  |
| □ Yes   | 0 / 1                 |                                    |               |  |
| □ No  |                       |                                    |               |  |
| Is the employer classified by the Internal Reven                                      | nue Service as a tax- | exempt organization? <b>Do no</b>  | t 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