

This application is intended solely for use in evaluating your qualifications for Federal Work-Study employment. This is not an employee contract. Please answer all applicable questions completely and accurately. Knowingly giving false or misleading information on this form and/or during the application process may be sufficient grounds for terminating your eligibility for employment, or, if discovered after employment, terminating your employment with the College. Paychecks are issued by the Business Office per SCC's bi-weekly pay cycle.

Name: _____ ID#: _____ Email: _____

Permanent Address: _____
ADDRESS CITY STATE ZIP

Phone: _____ Number of hours per week you want to work: _____

Day/times available for work: _____ Date available: _____

Program of Study: _____ Expected Graduation Date: _____

Title of Position(s) Applied For: _____ Location: _____

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WORK EXPERIENCE

Employer, Street, City, State, Zip	Date of Employment	Responsibilities

List Related Skills:

REFERENCES

Name	Mailing Address	Phone	Position

Workers under age 18 are subject to Child Labor Laws and have restrictions regarding hazardous work. Are you under age 18? Yes No

APPLICANT'S CERTIFICATION & RELEASE: I certify that the answers given by me to the foregoing questions are complete and true to the best of my knowledge and belief. I authorize SCC and/or its agents to verify any of this information, including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, previous employers and law enforcement authorities to release any information concerning my background. Further, I hereby release any said persons, schools, former employers and law enforcement authorities from any liability for any damage whatsoever for issuing factual information.

✓ Signature of Applicant : _____ Date: _____

✓ Would you be willing to reduce student loans in order to be eligible for Federal Work-Study? Yes No

NOTE: Please submit this application to the Financial Aid Office. Approval for Federal Work-Study will be kept on file in the Financial Aid Office for the current fiscal year (July 1– June 30). You must reapply for financial aid each fiscal year.

IF HIRED, be prepared to present your Social Security Card and Driver's License for payroll purposes.

Office Use Only

Award \$ _____ Period: _____ to _____

Authorized SCC Staff: _____
NAME JOB TITLE DATE

W-4 I-9 Copy of S.S. Card Copy of D.L. FICA Exempt Dept. Code: _____

Southeast Community College is an affirmative action employer and offers equal opportunity and treatment to all employees and applicants and does not discriminate in the operation of any of its employment programs and activities. SCC adheres to provisions of the "Drug Free Workplace Act," the "U.S. Immigration Reform and Control Act," and provides a smoke-free work environment.