

FEDERAL WORK-STUDY APPLICATION

This application is intended solely for use in evaluating your qualifications for Federal Work-Study employment. <u>This is not an employee contract</u>. 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. The Business Office issues paychecks on the 15th of the month for hours worked the previous month.

Name:		ID#:		Email:				
Permanent Address:								
	ADDRESS		CITY		STATE	ZIP		
Phone:				Number of hours	s per week you w	ant to work:		
Day/times available for work:				Date a	vailable:			
Program of Study:				Expected Gradua	ation Date:			
Title of Position(s) Applied For:			Location:					
Title of Position(s) Applied For:					Location:			
WORK EXPERIENCE								
Employer, Street, City, State, Zip		Date of Empl	oyment	Responsibilities				
List Related Skills:		•		-				
	<u>.</u>							
Name	Mailing Addre	SS	Phone		Position			
Workers under age 18 are subject to	ے۔ c Child Labor Laws ،	and have restric	tions regardir	ng hazardous work. A	Are you under ag	e 18? 🗌 Yes 🗌 No		
APPLICANT'S CERTIFICATION & my knowledge and belief. I authoriz vehicle driving records. I authorize a background. Further, I hereby releas whatsoever for issuing factual inform	RELEASE: I certify th e SCC and/or its age Il persons, schools, p e any said persons, nation.	nat the answers ents to verify any previous employe schools, former	given by me t of this informers and law er employers an	to the foregoing ques mation, including, but iforcement authorities d law enforcement au	tions are comple not limited to, o s to release any i uthorities from an	ete and true to the best of riminal history and motor nformation concerning my ny liability for any damage		
Signature of Applicant :								
Would you be willing to reduce								
NOTE: Please submit this applicati current fiscal year (July 1– June 30).					ept on file in the	Financial Aid Office for the		

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

Office Use Only								
Award \$		Period:	to _					
Authorized S	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.								