

**JAMES SPRUNT COMMUNITY COLLEGE'S
2017 - 18 FEDERAL WORK-STUDY EMPLOYMENT APPLICATION**



James Sprunt Community College is an equal opportunity educational institution and employer. The college does not practice or condone discrimination in any form against students, employees, or applicants on the grounds of race, color, national origin, Religion, sex, age, disability, or political affiliation consistent with those laws which affect the institution.

PLEASE FILL OUT THE APPLICATION COMPLETELY. IF IT DOESN'T APPLY, YOU MAY USE "N/A". IF YOU ARE UNSURE OF THE POSITION APPLIED FOR, PLEASE NOTATE "ANY".

Name _____ Student ID# _____

Address _____
Street (Use P.O. Box, if available) City State Zip

Home Telephone _____ Cell Phone _____

Birth Date _____ Major _____ Exp. Graduation Date _____

Title of the position you are applying for: _____

Have you completed Biology? Y / N

Have you completed your developmental courses? (DMA/DRE) (Math/Reading) Y / N

Is psychology required in your major? Y / N Have you completed it? Y / N

Have you completed a 2017-18 Free Application for Federal Student Aid (FAFSA)? Y / N

Do you or will you be receiving any Veterans Benefits or WIA tuition assistance? Y / N

Are you an active member of any of the organization's on campus? (For example, SGA officer, Scholarly Men, etc.) Y / N

Please list: _____

Have you ever been a Work-Study Student at JSCC previously? Y / N

If Yes, Name of Supervisor: _____

List any skills you have for this position _____

Have you ever been fired from a job? Y / N If so, why?

Have you ever been convicted of a felony? Y / N

Do you have your own transportation? Y / N

Please list prior work experience beginning with the most recent:

1. Employer Name _____ Employer Phone Number _____

Job Title _____ Name of Supervisor _____

Wages per Hour (\$): _____

Dates of Employment

Begin Date _____ End Date _____

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Job Duties

Reason for Leaving: _____

May we contact this employer as a reference? Y / N

2. Employer Name _____ Employer Phone Number _____

Job Title _____ Name of Supervisor _____

Wages per Hour (\$): _____

Dates of Employment

Begin Date _____ End Date _____

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Job Duties

Reason for Leaving: _____

May we contact this employer as a reference? Y / N

3. Employer Name _____ Employer Phone Number _____

Job Title _____ Name of Supervisor _____

Wages per Hour (\$): _____

Dates of Employment

Begin Date _____ End Date _____

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Job Duties

Reason for Leaving: _____

May we contact this employer as a reference? Y / N

If you have more work experience that you would like to list, please provide on a separate sheet of paper.

References

Name _____ Phone Number _____ Personal / Professional

Name _____ Phone Number _____ Personal / Professional

Name _____ Phone Number _____ Personal / Professional

Emergency Contact

Name _____ Phone Number _____ Relation to you _____

Name _____ Phone Number _____ Relation to you _____

If I am hired as a Work-Study Student, I understand that:

- I cannot earn more than my award amount.
 - I will not be scheduled to work more than my designated hours a week.
 - I will not be allowed to work during my classes.
 - I must notify my supervisor if I am unable to work at my scheduled time.
 - I cannot work on class assignments or projects during scheduled work hours unless approved by my supervisor.
 - I must maintain a 2.0 GPA and enrollment requirements for eligibility.
 - I may be dismissed for refusing to work, not showing up during my scheduled time, punctuality problems, performance problems, or creating a disturbance within the office.
 - Due to FERPA laws, student's privacy and confidentiality are extremely important and must be upheld.
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* By checking this box, I certify that I have read and understand the information provided with the online federal work-study application.

Signature of Applicant: _____ Date: _____

Any falsification on this application may be grounds for dismissal.

RETURN COMPLETED APPLICATION TO:

**James Sprunt Community College
Financial Aid Office
Attention: Sholanda Moore
Post Office Box 398
Kenansville, NC 28349**

(FOR FINANCIAL AID OFFICE USE ONLY)

Financial Need _____ DEPARTMENT _____

AMT _____ HOURS _____ ACADEMIC PROGRESS _____

COMMENTS _____

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