

# MAYLAND COMMUNITY COLLEGE

## Federal Work-Study Application

APPLICANT INFORMATION									
Last Name		First		M.I.		Date			
Street Address						Apartment/Unit #			
City				State			Zip Code		
Phone				E-mail					
Student ID #				Birthdate			Age		
Gender			<input type="checkbox"/> M <input type="checkbox"/> F				GPA		
Major			<input type="checkbox"/> Full time <input type="checkbox"/> Part time		# Credit Hours				GPA
Have you applied for Federal Financial Aid?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, are you eligible to receive a Pell Grant?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you have a need for physical accommodations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
Have you ever been convicted of any law except minor traffic violations? <i>(A conviction does not necessarily disqualify applicant.)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
Would transportation be a problem for you if you worked off campus?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	List specific area in which you would like to work, if any						
List any skills or training you have had that might help you in your job <i>(i.e. computer skills, food service, worked with children, tutoring, clerical/receptionist, library work)</i>									
Check the days and list the hours you will be available to work. Work cannot be scheduled during class time. Attach current class schedule.									
<b>(X)</b>	<b>Days</b>			<b>When Available (From &amp; To)</b>					
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								
REFERENCES									
<i>Please include three references which may be contacted concerning your potential employment.</i>									
Full Name				Relationship					
Company (If work reference)				Phone	(      )				
Address									
Full Name				Relationship					
Company (If work reference)				Phone	(      )				
Address									
Full Name				Relationship					
Company (If work reference)				Phone	(      )				
Address									

<b>PREVIOUS EMPLOYMENT</b>					
Company				Phone	
Address				Supervisor	
Job Title		Duties			
Are you still employed with this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Reason for leaving		
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Company				Phone	
Address				Supervisor	
Job Title		Duties			
Are you still employed with this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Reason for leaving		
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
<b>Please write a short statement describing your current financial situation and how you would benefit from being part of the Federal Work-Study Program.</b>					
<b>DISCLAIMER AND SIGNATURE</b>					
I certify that my answers are true and complete to the best of my knowledge.					
I understand that this is an application and not a contract to work. I understand that completing this application does not guarantee that I will be placed in the Work-Study Program.					
Signature			Date		
<b>Equal Opportunity Information</b>					
State Government policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. The information requested above will in no way affect you as an applicant.					