

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					
Social Security # or Student ID #				Birthdate			Age		
Gender	<input type="checkbox"/> M <input type="checkbox"/> F								
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.									
(X)	Days			When Available (From & To)					
	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									

PREVIOUS EMPLOYMENT

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"/>			

Please write a short statement describing your current financial situation and how you would benefit from being part of the Federal Work-Study Program.

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DISCLAIMER AND SIGNATURE

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
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Equal Opportunity Information
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.