

M I D - A M E R I C A C H R I S T I A N U N I V E R S I T Y
FEDERAL WORK STUDY/WORK GRANT APPLICATION FOR STUDENT EMPLOYMENT

Work Grant Eligibility \$ _____
(circle if applicable)

FWS Eligibility \$ _____ year/semester.
Date of application _____

▶ DEPARTMENT AND POSITION APPLYING FOR _____

Name _____

On Campus _____ Dorm Room _____ Off Campus _____

Cell Phone _____

Semester/Year _____

Date available to work _____

Home Phone _____

Home Address _____

City, State, Zip _____

▶ EMPLOYMENT EXPERIENCE (most recent job)

Employer _____

Phone _____

Address _____

Job Description _____

City, State, Zip _____

Supervisor _____

▶ PLEASE CHECK OFF EACH STATEMENT AS READ:

1. _____ I understand my student employment is based on financial eligibility as determined by my federal Student Aid Report and that I must have this report on file in the Student Financial Services Office BEFORE I can be hired.
2. _____ I understand student jobs are limited and that the completing of this application does not guarantee my employment.
3. _____ I understand individual supervisors are responsible for the hiring of their employees and may contact me for an interview.
4. _____ I give permission to supervisors to contact my above listed employers as references of my job performance.
5. _____ I understand that in the event of my employment I am required to abide by all rules and regulations of my supervisor. Failure to do so may result in immediate dismissal from your position.
6. _____ I understand that if I quit or am dismissed from the position for which I am hired, I am not guaranteed another position.
7. _____ I understand I will not be permitted to transfer from one work position to another unless both supervisors are in agreement with the transfer and submit it this agreement in writing to the Student Financial Services Office.
8. _____ I understand once my work eligibility limit is reached, I CANNOT work as a Federal Work Study Employee.
9. _____ I understand I cannot receive payment/credit for my work until I have submitted all necessary financial aid and employment paperwork. Any work done before that time will be considered volunteer work
10. _____ I understand it is my responsibility to discuss with my Personal Financial Aid Counselor if I am eligible for both Work Study and/or Work Grant.
11. _____ I understand that I can work both a Work Study and a Work Grant position simultaneously if eligible.
12. _____ I understand I will receive a paycheck semi-monthly for Work Study and that my wage will be based on the current minimum federal standard.

▶ SUBMIT A RESUME

State below any additional information you may want to add. Additional information may be: special job-related skills or experience you may want to include such as a computer software, office equipment, etc.

How many hours per week would you like to work? _____

Have you been employed on campus at MACU before? _____ Yes _____ No

If yes, when? _____ In what position/department? _____

By signing below I certify that I understand the information listed above and that the information I provided on this application is true and complete to the best of my knowledge.

Signature _____ Date _____