

OFFICE OF FINANCIAL AID AND VETERANS AFFAIRS

1011 PAGE ST. • TROY, NC 27371 • (910) 898-9600 • FAX: (910) 576-2176 Federal School Code – 008087 • <u>https://www.montgomery.edu/paying-for-college/</u>

FEDERAL WORK STUDY EMPLOYMENT APPLICATION

Thank you for your interest in the Federal Work-Study (FWS) program at Montgomery Community College. The FWS program is a federally funded program that provides part time jobs for students who exhibit financial need. To apply for FWS employment you must complete a FWS application. **Please be advised that you must complete a FAFSA before we can determine your eligibility.**

** Please note that completing this application does not guarantee you will receive a job **

MCC Student ID			
First Name	Middle Name	Last Name	
Address			
City	S	State Zip	
Phone		(where our office or an employer can reach you	ı)
Email Address			
College Major	(Credit Hours Enrolled	
Please indicate your exp	perience and/or skills belo	ow:	
 Filing Typing WPM Fax Microsoft Excel Microsoft Access Customer Service Sk 	ills	 Organizational skills Copier Microsoft Word Microsoft Power Point Microsoft Publisher Interest in being Reading Tutor (Off Campus-Elementary School) 	

If there is an area or department you are interested in working in, indicate that area below:

If someone has requested that you work in their department, please list their contact information:

Monday	Tuesday	Wednesday	Thursday	Friday			
Work Experienc	e: (list most recent en	nnlovers)					
	`	Dates Employed	l				
Supervisor		Phone					
Duties							
Employer		Dates Employed	l				
Supervisor		Phone					
Duties							
List any volunte	er work						
Demographic Information Used for Reporting Purposes:							
Sex : Mal	e Female	Prefer not to say					
regardless of Asian (includ	Hispanic) exican, Puerto Rican, race) ing Pacific Islander) lian (including Alaska	Cuban, Central or Sou an native)	th American, othe	r Spanish origin			

Voluntary Self-Identification of Disability

Why are you being asked to complete this section?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this section is voluntary, but we can hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you are already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form with fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV / AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)
- Yes, I have a disability (or previously had a disability)
 - No, I don't have a disability
 - I do not wish to answer

The applicant hereby acknowledges and agrees that acceptance of this application and placement in a work study assignment is not a representation or promise of future employment or other contractual arrangement with MCC. Placement in a work study assignment does not and will not confer eligibility for any employment-related benefits. I understand that it is possible that I will be subject to a background check prior to employment as a Federal Work Study for MCC. I also understand it is my responsibility to ensure that my contact information is kept up-to-date with the FWS Coordinator and that failure to do so may result in the discarding of my application. I also attest that the information I have provided in this application is true and accurate to the best of my knowledge.

Student Signature

Date

Equal Opportunity and Non-Disclosure Statement:

Montgomery Community College is committed in policy, principle, and practice to maintaining an environment which prohibits discriminatory behavior and provides equal opportunity for all persons. The college affirms its commitment to provide a welcoming and respectful work and educational environment, in which all individuals within the MCC community may benefit from each other's experiences and foster mutual respect and appreciation of divergent views. Montgomery Community College prohibits discrimination on the basis of race, color, religion, creed, sex (including pregnancy), age, marital status, national origin, mental or physical disability, political belief or affiliation, veteran status, sexual orientation, gender identity and expression, genetic information, and any other class of individuals protected from discrimination under state or federal law in any aspect of the access to, admission, or treatment of students in its programs and activities, or in employment and application for employment. Furthermore, college policy includes prohibitions of harassment of students and employees, i.e., racial harassment, sexual harassment, and retaliation for filing complaints of discrimination.