OFFICE OF FINANCIAL AID AND VETERANS AFFAIRS
1011 PAGE ST. • TROY, NC 27371 • (910) 898-9600 • FAX: (910) 576-2176
Federal School Code – 008087 · https://www.montgomery.edu/paying-for-college/

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 _____ State _____ Zip _____

Phone _____ (where our office or an employer can reach you)

Email Address _____

College Major _____Credit Hours Enrolled _____

Please indicate your experience and/or skills below:

- ☐ Filing
- ☐ Typing WPM
- ☐ Fax
- ☐ Microsoft Excel
- ☐ Microsoft Access
- ☐ Customer Service Skills
- ☐ 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:

_____

Please list times you will be available to work (you cannot work during your scheduled class time)

Monday	Tuesday	Wednesday	Thursday	Friday
_____	_____	_____	_____	_____

Work Experience: (list most recent employers)

Employer _____Dates Employed _____

Supervisor _____ Phone _____

Duties _____

Reason for leaving _____

Employer _____Dates Employed _____

Supervisor _____ Phone _____

Duties _____

Reason for leaving _____

List any volunteer work _____

_____

Demographic Information Used for Reporting Purposes:

Sex : ☐Male ☐Female ☐Prefer not to say

Ethnic Group

☐White (non-Hispanic)
☐ Black (non-Hispanic)
☐ Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)
☐Asian (including Pacific Islander)
☐American Indian (including Alaskan native)
☐Two or more races

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.

CRIMINAL RECORDS and BACKGROUND RELEASE AUTHORIZATION & WAIVER

I hereby authorize Edwards & Associates LLC for Montgomery Community College to conduct a comprehensive review of my background which may include a consumer report, MVR, criminal history and other reports as deemed necessary by Montgomery Community College. I understand that the scope of the consumer report/investigative consumer report may include but is not limited to verification of social security number; current and previous addresses; employment history; education; character references; criminal history for all jurisdictions; motor vehicle records; governmental denied parties screening database results; and all other public documents required. I further authorize any individual, company, firm, corporation or public agency to divulge any and all information, verbal or written, pertaining to me to Edwards & Associates LLC, for Montgomery Community College and its agents.

I hereby release Edwards & Associates LLC, and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time result to me, my heirs, family, or associates because of compliance with this authorization and request release.

Full Name _____

Maiden or Other Alias Names used_____

Address_____

Social Security Number: _____Date of Birth: _____

Driver License:

Number_____

Expiration_____ State _____

States lived or worked in during the past 10 Years:_____

Applicant Signature _____

Date _____