

**Student Name:** \_\_\_\_\_ **J Number:** \_\_\_\_\_

**JSCC E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Current Major:** \_\_\_\_\_

**Which JSCC campus do you attend?**

- ( ) Main Campus, Jackson      ( ) Lexington Center  
( ) Savannah Center      ( ) Gibson County Center (Trenton)

**For which position are you applying? \*\*** \_\_\_\_\_

*\*\*You may only apply for one (1) position at a time. Open positions can be viewed at [jscc.edu/workstudy](http://jscc.edu/workstudy)*

**Term(s) for which you are applying for employment (check) :**    Fall                      Spring                      Summer

**Date you can begin working:** \_\_\_\_\_

**How many hours/week are you available to work (Minimum of 5 / Max of 20)?** \_\_\_\_\_

**Please list days AND times you are available to work? (Students are not allowed to work during scheduled class times, or athletic practices and/or games.)**

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_ Friday \_\_\_\_\_

**Rank your level of experience with the skills listed below using the following number system:**

**1 = Have much experience / 2 = Have some experience / 3 = Have no experience**

\_\_\_\_\_ Microsoft Word      \_\_\_\_\_ Microsoft Excel      \_\_\_\_\_ Use of Internet

\_\_\_\_\_ Customer Service      \_\_\_\_\_ Data Entry      \_\_\_\_\_ Filing or other office work

**Work Experience (Please list previous work experience you have. Additional space available on the back.)**

***\*\*You may also attach a resume to support your work experience.***

Employer _____	Dates of Employment _____
Job Responsibilities _____	
Reason for leaving (if applicable) _____	
Supervisor (Name and Number) _____	

**Why do you feel like you would be a good candidate for a student employment opportunity?**

---



---



---

**By signing below, I certify that all information is true and correct to the best of my knowledge. I further understand that completing this application does not guarantee that I will be placed into a Federal Work-Study or Institutional Work Program job.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Employer _____	Dates of Employment _____
Job Responsibilities _____	
_____	
Reason for leaving (if applicable) _____	
Supervisor (Name and Number) _____	

Employer _____	Dates of Employment _____
Job Responsibilities _____	
_____	
Reason for leaving (if applicable) _____	
Supervisor (Name and Number) _____	

Employer _____	Dates of Employment _____
Job Responsibilities _____	
_____	
Reason for leaving (if applicable) _____	
Supervisor (Name and Number) _____	

Employer _____	Dates of Employment _____
Job Responsibilities _____	
_____	
Reason for leaving (if applicable) _____	
Supervisor (Name and Number) _____	

<b><u>Financial Aid Office Use Only</u></b>	
<b>Registered Term</b> _____	<b>Unmet Need</b> _____
<b>Enrolled at least half-time? Yes</b> _____ <b>No</b> _____	<b>List FA eligibility (excluding TIV aid):</b>
<b>SAP Status</b> _____	_____
	_____