



Student Employment Application

Student Name: _____ J Number: _____

JSCC E-mail: _____ Phone: _____

Current Major: _____

Which JSCC campus do you attend (check one)?

- () Main Campus, Jackson () Lexington Center () Savannah Center
- () Paris Location () Humboldt Center

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

Date you are able to begin working: _____

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

What **days AND times** are you 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:

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

Which of the following areas would be of the most interest to you? (Check all that apply)

- _____ Athletic Dept. _____ Academic Assistance Center _____ Grounds Keeping/Maintenance
- _____ Library _____ Registration Center _____ Art Department
- _____ Financial Aid _____ Business Office _____ Admissions and Records
- _____ Office/Filing/Data Entry _____ Off-Campus Community Service* _____ Information Technology (OIT)
- _____ Print Shop/Mailroom _____ Elementary School Reading Tutor* _____ Computer Lab
- _____ Other (please specify area or office of interest to you) _____

***Off-Campus Community Service and America Reads Reading Tutor**

If you are interested in these opportunities, do you have reliable transportation? Yes _____ No _____

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

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) _____

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

By signing below, I certify 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:** _____

Financial Aid Office Use Only

FAFSA on File? Yes _____ No _____	EFC _____ Unmet Need _____
Enrolled at least half-time? Yes _____ No _____	Eligible for FWS? Yes _____ No _____
Ready to Award? Yes _____ No _____	Placement? Yes _____ No _____
Department _____	Beginning Term _____
Award amount \$ _____	Hours Per Week _____ Per Year _____