



# 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-Henderson County Center

( ) Gibson County Center (Trenton) ( ) Savannah-Hardin County 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

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

**\*\* You may only apply for one position at a time. If you are not selected for this position, you may apply for another position. Open positions can be viewed at <https://www.jsc.edu/financial-aid/jobopportunities.html>.**

**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) \_\_\_\_\_

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**

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