

**MOUNT ALOYSIUS COLLEGE
FEDERAL WORK-STUDY EMPLOYMENT APPLICATION**



STUDENT SECTION: (PLEASE PRINT & ANSWER ALL QUESTIONS)

NAME: _____ **SSN:** _____
LAST FIRST MI

ADDRESS: _____

THIS SECTION MUST BE COMPLETE AND SIGNED BY BOTH PARTIES. AS A FEDERAL WORK-STUDY PARTICIPANT, IT IS YOUR RESPONSIBILITY TO OBTAIN THE SIGNATURE OF THE SUPERVISOR OF THE SITE YOU WISH TO WORK AT. REVIEW THE ON AND OFF CAMPUS JOB LISTINGS AT WWW.MTALOY.EDU/ONCAMPUSJOBS or WWW.MTALOY.EDU/OFFCAMPUSJOBS. ALL INCOMPLETE EMPLOYMENT APPLICATIONS WILL BE RETURNED FOR COMPLETION.

WHERE WILL YOU BE WORKING? _____

(Work site & Job Title must be listed)

Work site

Job Title

STATEMENT OF EDUCATIONAL PURPOSE AND STUDENT RESPONSIBILITIES:

By signing this statement, I acknowledge that I have read and understand the educational purpose of Federal Work-Study money and my responsibilities as a student worker as listed below:

I certify that I will use any money I receive under Title IV funding for only expenses related to my study at Mount Aloysius College. I have thoroughly reviewed the job description for this job and understand my responsibilities while working at this site. My responsibilities are as follows: I must report to my assigned position and it is my responsibility to notify my supervisor if I cannot attend for any reason; I am permitted to work only the number of hours assigned to me unless I receive written permission from the Financial Aid Office; I understand I must attend one Federal Work-Study seminar during my enrollment at Mount Aloysius College and failure to do so will result in the loss of my Federal Work-Study; I certify I have read and understand the confidentiality policy of the College and will adhere to those policies; I understand it is my responsibility to notify my supervisor and the Financial Aid Office if, at any point, I decide I no longer wish to participate in Federal Work-Study; I understand that I do have the opportunity to switch work-study positions, however, it will be at the discretion of the Financial Aid Office---I will be required to complete a new Employment Application and obtain a signature from the new supervisor; I understand that I am a representative of the College and I will maintain the utmost professionalism when communicating with faculty, staff, students, etc.; I understand I am responsible for recording only actual hours worked, not anticipated hours on my timesheet; I am responsible for signing and reviewing my timesheet for accuracy before my supervisor submits it to the Controller's Office. If I fail to sign the timesheet by the due date, I relinquish my right to question my timesheet and paycheck accuracy; I understand my eligibility for FWS may be affected if I change my enrollment status. I understand that failure to adhere to any of the listed responsibilities may result in the loss of my Federal Work-Study.

STUDENT SIGNATURE: _____ **DATE:** _____

ACCEPTANCE AND SIGNATURE OF SUPERVISOR: I agree to hire this student as an employee for my office/ job site. I have discussed the job description, my expectations of a work-study student and my philosophy on absenteeism from the job. I understand this student must be engaged in work when scheduled for work-study in my office/ job site.

SUPERVISOR SIGNATURE: _____ **DATE:** _____

Mount Aloysius College does not discriminate against any person on the basis of age, ancestry, color, disability or handicap, national origin, race, religious creed, gender or veteran status.

FOR FINANCIAL AID OFFICE USE ONLY:

DEPARTMENT: _____ **SUPERVISOR:** _____

SEMESTER:	FALL	SPRING	SUMMER I	SUMMER II
_____	_____	_____	_____	_____
	MAXIMUM DOLLAR AMOUNT PER SEMESTER		<input type="checkbox"/> W-4 COMPLETED	<input type="checkbox"/> DATA SHEET
	MAXIMUM HOURS PER SEMESTER		<input type="checkbox"/> I-9 COMPLETED	<input type="checkbox"/> CONFIDENTIALITY AGREEMENT
	AVERAGE HOURS PER WEEK		<input type="checkbox"/> WORKMEN'S COMP FORM	<input type="checkbox"/> ATTENDED SEMINAR