

## Student Worker Application

Application for Federal Work Study part-time position

Before completing this application you must be awarded Work Study as part of your financial aid package. Please visit the financial aid office to find out if you are eligible for Work Study and attach your eligibility slip to this application.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Student ID: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you been employed by MCC before? (Circle one)      Yes      No

If yes, which department? What were your responsibilities?

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Desired Skills:

- ✓ Experience in a customer service work environment
- ✓ Typing and office related skills
- ✓ Phone etiquette and pleasant phone personality
- ✓ Basic computer skills in MS office and with google calendar
- ✓ Ability to use discretion and maintain confidentiality in all office matters
- ✓ Time management and multi-tasking
- ✓ Excellent interpersonal communication and writing skills

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**Work Experience:** (Most recent first)

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Dates of Employment – From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Dates of Employment – From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Why do you want to work in the Athletics Department?

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\_\_\_\_\_

\_\_\_\_\_

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Why should we hire you?

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What office programs do you have experience using?

	Yes	No
Word		
Excel		
Power Point		
Google Calendar		

Other: \_\_\_\_\_

What are your career goals?

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Do you speak a second language? \_\_\_\_\_ If so, which language(s): \_\_\_\_\_

**\*\*Please attach an updated resume, if available. Thank you.\*\***

What is your class schedule for the upcoming semester? (list class times)

Monday	Tuesday	Wednesday	Thursday	Friday

*MCC bases employment decisions solely upon the individual's qualifications for the position being filled. The College hires, recruits, and promotes for all job classifications without regard to race, gender, creed, sex, national origin or disability.*

I certify that my answers are true and complete to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_