

# Office of Financial Aid

## WORK STUDY APPLICATION



If you are interested in receiving College Work-Study you must:

Complete the FAFSA @ [www.fafsa.ed.gov](http://www.fafsa.ed.gov)
 You must be able to work 15-19 hours per week.  
 Complete the College Work-Study Application
 Complete Background Investigation Authorization Form (Notarization required)

Date: Are you currently a work-study student?  
 Yes  No

Semester requested (Check all that apply)  Fall  Spring  Sum I  Sum II

### Applicant Information

Student ID/SS#:

Last Name:	First Name:	Middle Name:
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Phone Number:	Email:
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Current Address:

List any prior States(s) of residence for the past 10 years (Note: only list the state(s) of residence after age 17)

Drivers License #:	Drivers License State:	Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No
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List the top 3 departments you would like to work in:

What is your classification?	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore	What is your major?
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Indicate your preference for work hours:

Weekday morning  Weekday afternoon  Weekday evening  Weekends  No preference

### EDUCATION

School	City/State	Did you graduate?	If no, # yrs left	Date of graduation	Degree received	Major
High School						
GED:						
Other School						
College						

### Office Use Only

Amount of Eligibility: \$	Amount of Eligible Hours:	Start Date:
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Department Placed In:	Supervisor:	Ext.:
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Comments:

FAO Signature:	Date:
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Work Experience – Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time, military, or volunteer commitments. PLEASE DO NOT complete this information with the notation “See Resume.” PLEASE NOTE: Grayson College reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From:                      To:		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk:	Title:
Starting Salary:	Organization Name & Address:		
Ending Salary:			
Supervisor’s Name, Title & Phone:		Other Reference Name, Title & Phone	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for leaving:	
Dates Employed From:                      To:		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk:	Title:
Starting Salary:	Organization Name & Address:		
Ending Salary:			
Supervisor’s Name, Title & Phone:		Other Reference Name, Title & Phone	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for leaving:	
Dates Employed From:                      To:		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk:	Title:
Starting Salary:	Organization Name & Address:		
Ending Salary:			
Supervisor’s Name, Title & Phone:		Other Reference Name, Title & Phone	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for leaving:	

## GRAYSON COLLEGE WORKSTUDY AVAILABILITY

<b>DATE:</b>	<b>SEMESTER:</b>
<b>STUDENT NAME:</b>	<b>STUDENT ID:</b>
<b>BEST CONTACT PHONE:</b>	<b>EMAIL:</b>

### CLASS SCHEDULE

COURSE	DAY	TIME

### AVAILABILITY TO WORK SCHEDULE

DAY	TIME

Include all hours you are available to work as different departments have different hours.

**STUDENT SIGNATURE:** \_\_\_\_\_

## WORK STUDY REFERRAL SHEET

Student ID:		
Last Name:	First Name:	Middle Initial:
Phone:		Email:
<b>Referral Position</b>	<b>Supervisor</b>	<b>Referral Date</b>
<b>Date Student Contacted by Supervisor</b>	<b>Date Interviewed</b>	<b>Result: Hired/Not Hired</b>
Supervisor Interview Comments:		



# Authorization and Consent Criminal Background Check and Release

By providing the requested information below, I consent to and authorize Grayson College and outside entities of the college's choice to obtain a criminal background report from various law enforcement agencies, courts, and corrections agencies including but not limited to The Texas Department of Public Safety. I understand that the College cannot release to me any information provided by The Texas Department of Public Safety. I also understand that I may withhold my permission and that in such a case, no criminal background check will be done, and my application for employment will not be processed further.

By this Authorization and Consent for the procurement of a criminal background report and release of information, I hereby forever release, discharge, exonerate, hold harmless and indemnify Grayson College, its affiliates, employees, representatives, agents, and subcontractors, any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained, and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of Grayson College, unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law.

I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith. If circumstances require that an offer be made before the completion of a criminal background, the offer is contingent on the completion of a satisfactory criminal background investigation. Further, I understand that any false statements, misrepresentations or omissions made by me on the application or this form shall be grounds for refusal to hire, or if hired, termination.

I understand that a photocopy, facsimile or electronically signed copy of this document shall be considered as valid as an original.

APPLICANT INFORMATION (PLEASE TYPE OR PRINT LEGIBLY)			
Last Name:		First Name:	
		Middle Name	
Date of Birth:			
Alias / Maiden Name(s):	1.	2.	3.
List ALL state(s) of residence for the past ten (10) years, including your current residency. <span style="color: red;">(Note – only list those states of residence AFTER age 17)</span>			
1. <a href="#">Click here to enter text.</a> 2. <a href="#">Click here to enter text.</a>			

Print Name: [Click here to enter text.](#)

Signature	Date
Requested By: <input type="checkbox"/> HR <input type="checkbox"/> Work Study <input type="checkbox"/> VA	Date: <a href="#">Click here to enter a date.</a>
Agencies Checked: <input type="checkbox"/> GCSO <input type="checkbox"/> TXDPS <input type="checkbox"/> PDC <input type="checkbox"/> GC	INITIALS: <a href="#">Click here to enter text.</a>
Police Dept: <input type="checkbox"/> Ok to Hire <input type="checkbox"/> HR Review	
HR: Review <input type="checkbox"/> Eligible for Hire <input type="checkbox"/> Not eligible for Hire	

**DPS Computerized Criminal History (CCH) Verification**  
**(AGENCY COPY)**

I, \_\_\_\_\_, acknowledge that a Computerized Criminal  
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us](http://www.txdps.state.tx.us) /Crime Records/Review of Personal Criminal History or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please:</b> <b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Empl ___	Vol/Contractor ___ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	