

COLLEGE OF CHARLESTON
Application for Student Employment

**This form is to be used by current College of Charleston students applying for on-campus positions only.
Those applying for temporary or permanent positions need to contact Human Resources.**

Please print in ink

Name: _____ SSN: _____

Local Address: _____

Email: _____ Phone: _____

Do you have Federal Work Study for this year? Yes No If yes, what is your award amount? _____

Are you eligible to work in the United States? Yes No If hired, can you prove eligibility? Yes No

Have you ever been convicted of a crime? Yes No If yes, please explain: _____

Have you ever been fired from a job? Yes No If yes, please explain: _____

Please provide the days and times you may be available to work if hired by this department. Please be as specific as possible.

Days: _____ Times: _____

Are you available to work additional hours during the summer? Yes No

Employment Information (List most recent first)

1. Employer: _____

Supervisor/Owner: _____

Address: _____

Phone: _____ Employment dates: (From) _____ (To) _____

May we contact this person? Yes No

2. Employer: _____

Supervisor/Owner: _____

Address: _____

Phone: _____ Employment dates: (From) _____ (To) _____

May we contact this person? Yes No

3. Employer: _____

Supervisor/Owner: _____

Address: _____

Phone: _____ Employment dates: (From) _____ (To) _____

May we contact this person? Yes No

THE COLLEGE OF CHARLESTON IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

I affirm, agree and/or understand that all statements on this form are true and accurate; any misrepresentation or omission of facts may result in my being disqualified or my being discharged should I already be employed by the College of Charleston; my background may be investigated, including a fingerprint check; I may be required to successfully pass a medical examination as a condition of employment; if I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work; copies of this form may be furnished to other State agencies, departments and institutions. I consent to the release of information concerning my past and present work, education, military service and police record by employers, schools, law enforcement agencies and other individuals and agencies to duly authorized investigators, personnel specialists and other authorized employees of the College of Charleston for the purpose of assessing suitability for employment.

Applicant's Signature: _____ **Date:** _____

South Carolina law prohibits employment by any state agency of any person who has willfully defaulted on any of the student loans listed below. Such person may be considered for employment only after all overdue payments have been made or a voluntary agreement has been entered into with the lender after the default providing for terms of repayment of the debt. **Please circle any of the following types of loans in which you are now in default or check the statement that you are not in default.** National Direct Student Loan, National Defense Student Loan, Guaranteed Federally Insured Student Loan, Nursing Student Loan, Health Professions Student Loan, Law Enforcement Student Loan. If in default, attach a separate sheet explaining what steps you are now taking to repay the loan.

I certify that I am not in default on any of the types of student loans listed above.

Applicant's Signature: _____ **Date:** _____