

North Central Missouri College

1301 Main Street, Trenton, MO 64683

660.359.3948

STUDENT FEDERAL WORKSTUDY PROGRAM

STUDENT APPLICATION FOR EMPLOYMENT Return this application to the NCMC Financial Aid Office.

PERSONAL

Last Name	First Name	Middle	Date
Street Address			
City, State, Zip		Telephone #	
Position Applied For			
Where did you learn of this opening?			
Can you provide legal proof of eligibility to work in the United States?			
List any other experience, skills, or qualifications that should be considered in evaluating you for employment opportunities.			

EDUCATION

School	Name and Location of School	Course of Study	Year of Attendance or Graduation	Did you Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School/ G.E.D.				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you ever been convicted of a crime? Yes No _____

State names of relatives working for NCMC and their relationship to you:

Employee: _____ Relationship: _____

Do you require reasonable accommodation to perform the essential functions of the job for which you are applying? Yes No _____

Are you able to work a night/weekend schedule? Yes No _____

Give the names of three persons not related to you, whom you have known at least three years.

Name Address, phone, e-mail Company Years Known

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment History

1	Company Name	Telephone
	Address	Employed - (State month and year) From _____ To _____
	Name of Supervisor	Reason for Leaving
	State Job Title and Describe Your Work:	
		Ending Salary \$

2	Company Name	Telephone
	Address	Employed - (State month and year) From _____ To _____
	Name of Supervisor	Reason for Leaving
	State Job Title and Describe Your Work:	
		Ending Salary \$

3	Company Name	Telephone
	Address	Employed - (State month and year) From _____ To _____
	Name of Supervisor	Reason for Leaving
	State Job Title and Describe Your Work:	
		Ending Salary \$

4	Company Name	Telephone
	Address	Employed - (State month and year) From _____ To _____
	Name of Supervisor	Reason for Leaving
	State Job Title and Describe Your Work:	
		Ending Salary \$

NCMC is an equal opportunity employer and does not discriminate in employment with respect to race, color, religion, national origin, citizen status, ancestry, age, sex, genetics, sexual orientation, martial status, physical or mental disability, military status or unfavorable discharge from military service.

I authorize NCMC to verify any information contained within this application and contact references I have provided. I release NCMC from all liability that might result from making an investigation. I understand that neither completion of this application nor any other part of the consideration for employment process, establishes any obligation for NCMC to hire me. I understand that no representative of NCMC has the authority to make any assurance to the contrary.

I attest with my signature below I have given true and complete information on this application and no requested information has been concealed. If any information I have provided is untrue or concealed, I understand this will constitute cause for the denial of employment or immediate dismissal. This application is valid for 60 days from the date below.

Date: _____ Signature: _____