Complete this application only if a valid 2024-2025 FAFSA® application is on file. If you have not filed, you must file and complete all documents before you can be considered for Federal Work Study. Completing this application does not guarantee you a Federal Work-Study position. This application cannot be processed for employment unless all questions are fully and accurately answered and all information blanks completed.

OTHER INFORMATION

Are you legally eligible for employment in the United States? Yes No

WILL YOU NOW OR IN THE FUTURE REQUIRE VISA SPONSORSHIP? Yes No
(Questions/concerns may be directed to Human Resources)
(Proof of identity and eligibility will be required upon employment)

Do you have any relatives working for Indian River State College? Yes No

If Yes, list their names and relationship

_____

_____

_____

CRIMINAL HISTORY

NOTE: A conviction will not necessarily disqualify you from employment. Factors such as the seriousness and nature of the offense, age at the time of the offense, rehabilitation, and other factors to individually assess the circumstances will also be taken into account.

If any of the answers to the questions below are a "Yes," then disclose where convicted, dates, nature of the charge(s), pleas, fines, disposition, and explain or describe them. Attach a separate sheet.

(Application will not be processed until documents and explanation are received.)

Have you ever been convicted of a felony or misdemeanor in the 1st degree? Yes No

Are you currently on probation or parole or have any charges pending or are you enrolled in a pretrial diversion or other similar programs? Yes No

EDUCATIONAL INFORMATION

Schools Attended (include current)	Location	Did you graduate?	Academic Degree and Major
High School			
Voc)			

List most recent job first.

EMPLOYMENT HISTORY

Name of Employer: _____

Address: _____ City, _____ State _____

Supervisor's Name & Title: _____

Phone Number: _____ Your Job Title: _____

Employment Dates: From _____ To _____

Hours Worked Per Week: _____ Full or Part-Time? _____

Salary/Hourly Rate: _____

Your Name at the Time and Reason for Leaving: _____

Duties and Responsibilities:

List most recent job first

EMPLOYMENT HISTORY

Name of Employer: _____

Address: _____ City, _____ State _____

Supervisor's Name & Title: _____

Phone Number: _____ Your Job Title: _____

Employment Dates: From _____ To _____

Hours Worked Per Week: _____ Full or Part-Time? _____

Salary/Hourly Rate: _____

Your Name at the Time and Reason for Leaving: _____

Duties and Responsibilities:

I certify that the information contained in this application is correct and understand that falsification of this

information is sufficient grounds to prevent further consideration of employment at Indian River State College for any and all present or future positions. Falsifications discovered in situations where employment has been already extended become sufficient grounds for immediate dismissal in accordance with Indian River State College policy. In consideration of my employment, I agree to conform to the rules and regulations of Indian River State College.

If I am employed with Indian River State College, I understand that IRSC is an “at-will" employer. This means that all student employees, are employed by and may be terminated at the will of IRSC without notice or cause by either IRSC, or the employee, regardless of the length of their employment or the granting of benefits of any kind. It also means the employees without contracts may resign without notice or stating the reason.

Typed Name of Applicant _____ Date _____

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION
Your application will be considered even if you do not provide the information requested in this section.
Female Male

Please answe

Voluntary Self-Identification of Disability

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.[i] To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will