

Student Employment Application

- ✓ **Enrolled** at NMC with 6+ credits (F1 students must be full time, 12+)
- ✓ Maintain a **2.0 GPA**
- ✓ **Completed** the Kuder Career Assessments
- ✓ Resume

PERSONAL INFORMATION

LAST NAME		FIRST NAME		M.I.	STUDENT ID NUMBER - NOT SSN		
MAJOR(S) & EXPECTED GRADUATION DATE		STUDENT STATUS:		<input type="checkbox"/> 1 ST YEAR (0 – 30 CREDIT HOURS)	<input type="checkbox"/> 2 ND YEAR (30 OR MORE CREDIT HOURS)	<input type="checkbox"/> AA DEGREE	
		ENROLLMENT STATUS:		<input type="checkbox"/> FULL TIME	<input type="checkbox"/> ½ TIME		
		E-MAIL ADDRESS					
HOME ADDRESS				EMERGENCY CONTACT			
STREET				FULL NAME			
CITY	STATE	ZIP	ADDRESS		STATE	ZIP	
PHONE () -				PHONE () -			

EMPLOYMENT INFORMATION

HAVE YOU PREVIOUSLY BEEN A STUDENT WORK STUDY AT NMC? <input type="checkbox"/> YES <input type="checkbox"/> NO		U.S. CITIZEN <input type="checkbox"/> ARE YOU A: F-1 VISA <input type="checkbox"/> (SEE ADDITIONAL INFO BELOW) OTHER <input type="checkbox"/> : _____	
		SCHOOL OFFICIAL ONLY: F1 Visa Students: APPROVE <input type="checkbox"/> DISAPPROVE <input type="checkbox"/> _____	

WHICH POSITION(S) ARE YOU APPLYING FOR? 1. 2. 3.		HOW MANY HOURS PER WEEK ARE YOU AVAILABLE TO WORK? NO MORE THAN 20 HOURS A WEEK.
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PLEASE INDICATE THE TIME/HOURS YOU ARE AVAILABLE TO WORK EACH DAY						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	

SPECIAL JOB SKILLS	
SKILL	PLEASE DESCRIBE
<input type="checkbox"/> TYPING	
<input type="checkbox"/> COMPUTING	
<input type="checkbox"/> LANGUAGES	
<input type="checkbox"/> OTHER	

The Northern Marianas College (NMC) is an Equal Opportunity Employer and does not unlawfully discriminate in employment practices on the basis of race, color, sex, national origin, age, veteran status, or disability in the academic or employment setting.

PLEASE SIGN BELOW	
SIGNATURE	DATE
<p>If employed, I agree to regularly work my designated schedule. My signature affirms that the information on this application form is accurate. I agree that falsified information or significant omissions may disqualify me from further consideration. I agree that I lose eligibility for the Student Employment program should I be on suspended status.</p>	

OFFICE USE ONLY		
REVIEWER		
Signature: _____ Date: _____	MA : _____ TGPA: _____ ENG: _____ CGPA: _____	SAP: _____
INTERVIEWING DEPARTMENT		
Signature: _____ Date: _____	Department Name: _____ Funding Account : _____ Work Study Position Title : _____	FROM: _____ TO: _____ HOURS PER WEEK: (20 hours MAX)
EXPENDITURE AUTHORITY		
APPROVED	SIGNATURE : _____	DATE: _____
CAREER SERVICES OFFICE		
Signature: _____ Date: _____	EWS \$ _____ Federal Funding \$ _____ UPS \$ _____ Additional Award \$ _____	HOURLY \$7.39 HOURS PER WEEK # OF WEEKS
ADDITIONAL FORMS:	<input type="checkbox"/> I-9 <input type="checkbox"/> W-4 <input type="checkbox"/> ALLOTMENT FORM <input type="checkbox"/> CLASS SCHEDULE <input type="checkbox"/> KUDER CAREER ASSESSMENT <input type="checkbox"/> CONFIDENTIALITY AGREEMENT	TOTAL HOURS

APPLICATIONS ARE KEPT ON FILE FOR ONE SEMESTER