

Eligibility Checklist:

- Earned 15 credits
- Enrolled in 12+ credits
- GPA of 2.5 or higher
- Kuder
- Resume

Northern Marianas College Student Employment Application

The Student Employment Program is authorized by the College Procedure No. 4004.1 Procedure title Student Employment.

Employment Term: Year ____ Fall Spring Summer

RECEIVING PELL GRANT THIS SEMESTER? YES No

PERSONAL INFORMATION					
LAST NAME		FIRST NAME		M.I.	STUDENT POWERCAMPUS #:
MAJOR(S) & EXPECTED GRADUATION DATE		NO. OF CREDITS EARNED			
		NMC E-MAIL ADDRESS			
HOME ADDRESS			EMERGENCY CONTACT		
ADDRESS			FULL NAME		
CITY	STATE	ZIP	RELATION TO YOU?		
PHONE () -			PHONE () -		
EMPLOYMENT INFORMATION					
DO YOU HAVE LEGAL RIGHT TO BE EMPLOYED IN THE CNMI OR U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO					
ARE YOU AN F1 STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					
HAVE YOU PREVIOUSLY BEEN A STUDENT WORK STUDY AT NMC? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF YES, WHAT DEPARTMENT? _____	
WHICH DEPARTMENT(S) AND POSITION(S) ARE YOU APPLYING FOR?					HOW MANY HOURS PER WEEK ARE YOU AVAILABLE TO WORK? NO MORE THAN 20 HOURS A WEEK.
1.					
2.					
3.					
PLEASE INDICATE THE TIME 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 AND DATE 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	
F1 VISA STATUS (IF APPLICABLE)	
Current F1 Visa Status: Approve <input type="checkbox"/> Disapprove <input type="checkbox"/> International Counselor Name/Signature: _____	
HIRING DEPARTMENT	
Department Name: _____ Funding Account Number: _____ Work Study Position Title: _____ Supervisor Name/Signature: _____ Date: _____ Expenditure Authority Name/Signature: _____ Date: _____	START DATE: _____ END DATE: _____ TOTAL HOURS: _____ Hourly Pay: <u>\$7.25</u> AWARD: \$ _____
FINANCIAL AID OFFICE (IF APPLICABLE)	
POSITION APPROVED FOR FEDERAL WORK-STUDY AWARD? <input type="checkbox"/> Yes <input type="checkbox"/> No Funding Account Number: _____ _____ Date _____ Daisy Manglona-Propst Director, Financial Aid Office	START DATE: _____ END DATE: _____ TOTAL HOURS: _____ Hourly Pay: <u>\$7.25</u> AWARD: \$ _____
STUDENT EMPLOYMENT PROGRAM	
_____ Date _____ Neda C. Deleon Guerrero Career Manager	Student meets eligibility for Student Employment Yes <input type="checkbox"/> No <input type="checkbox"/>
ADDITIONAL DOCUMENTS:	<input type="checkbox"/> I-9 <input type="checkbox"/> W-4 <input type="checkbox"/> ALLOTMENT FORM <input type="checkbox"/> RESUME <input type="checkbox"/> KUDER CAREER ASSESSMENT <input type="checkbox"/> CONFIDENTIALITY AGREEMENT
Comments:	