

Grayson County College

Office of Financial Aid - College Work–Study Application

Are you interested in receiving College Work-Study, if so you must:

- ✓ Complete the FAFSA process in the Office of Financial Aid;
- ✓ Complete the College Work-Study Application and submit it to our office as soon as possible;

College Work-Study is awarded based on need results from the calculated FAFSA. Applications are considered on a "date received" basis. Students should provide contact information on the application. College Work-Study is awarded on a first come/first served basis as long as funding is available. Average hourly pay is \$7.40-\$8.00 per hr / Pay received is dependent on job responsibilities

School Year: _____

Term requested (ck. all that apply): Fall _____ Spring _____ Sum I _____ Sum II _____

All applicants will have a completed background check before beginning work if selected for a position.

Last Name: _____ First Name: _____ SS Number: _____

Mailing Address: _____
Address City State Zip

Telephone Number: _____ Alternate Phone: _____ E-Mail: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ___ No ___ Yes If yes, attach a statement giving details and current status.
Conviction does not automatically disqualify you as an applicant

Signature of Applicant Date of Signature

1. Are you currently a work-study student? ___ No ___ Yes: Which department: _____

List the department(s) you would like to work in:

1) _____ 2) _____ 3) _____

2. What is your major? _____ What is your minor? _____

3. What is your classification? ___ Freshman ___ Sophomore

4. Indicate your preference for work hours:
 ___ Weekday mornings ___ Weekday evenings ___ Weekday afternoons ___ Weekends ___ No preference

5. Briefly describe your skills, abilities and special interest (typing, computer, etc.)

6. Briefly describe any previous employment.

7. Briefly describe any volunteer work you have done.

Office Use Only

Amount of Eligibility: \$ _____ Amount of Eligible Hours: _____ Start Date: _____

Department Placed In: _____ Supervisor: _____ Ext: _____

Comments: _____

FAO Signature: _____ Date: _____

Grayson County College * www.grayson.edu
 Main Campus * 6101 Grayson Drive * Denison, Texas 75020-8299
 (903) 465-6030 FAX (903) 463-5284
 South Campus * 1401 W. Stephens Street * Van Alstyne, Texas 75495
 (903) 482-5726 FAX (903) 712-0041

01062009

GCC is an equal opportunity institution

Grayson County College

Background Investigation Authorization

Revised Jan 2009

To Whom It May Concern:

This is to advise that I have made application for employment with Grayson County College for a "Security Sensitive Position".

PART I: DEFINITION OF SECURITY SENSITIVE POSITION (Insert a ✓ in Appropriate Box from Left to Right)	
<input type="checkbox"/> Handles currency	<input type="checkbox"/> Has access to a computer terminal
<input type="checkbox"/> Has access to a master key	<input type="checkbox"/> Works in a location designated as a security-sensitive area

PART II: TYPE OF POSITION (Insert a ✓ in Appropriate Box from Left to Right)			
<input type="checkbox"/> Faculty/Adjunct	<input type="checkbox"/> Campus Police	<input type="checkbox"/> Child Care	<input type="checkbox"/> Faculty Dual Credit
<input type="checkbox"/> Resident Hall Assistant	<input type="checkbox"/> Staff/Maintenance	<input type="checkbox"/> Work Study	<input type="checkbox"/> Other
Position Title: _____			

I, the undersigned, do hereby authorize official(s) of the Grayson County College Police Service to conduct such an investigation and do authorize the release of any and all information requested by this agency pertaining to previous employment, medical record(s), financial/credit history, character, honesty, and criminal history/records and any other information to determine my suitability and stability as an employee of Grayson County College.

I certify that any person(s) who may furnish such information as listed above may furnish the information concerning me and shall not be held accountable or liable in any manner. I further agree to waive any right whatsoever to the background investigation reports developed through this waiver.

PART III: APPLICANT INFORMATION (Please Type or Print Legibly)		
Last Name:	First Name:	Middle Name:
Alias/Maiden Name(s)		
SSN:	Drivers License Nbr:	Drivers License State:
Date of Birth: (MM/DD/YYYY)	Race: (Optional)	Sex:
Please List any prior STATES(s) of residence for the past ten years. (NOTE: ONLY LIST THE STATE(S) OF RESIDENCE AFTER AGE 17)		

Date: _____ Signature of Applicant: _____

GIVEN UNDER MY HAND AND SEAL OF OFFICE THE _____ DAY OF _____, 20_____.

COUNTY OF: _____ STATE OF: _____

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L

(NOTARY PUBLIC SIGNATURE)

Agencies Checked:	<input type="checkbox"/> GCSO	<input type="checkbox"/> TXDPS	<input type="checkbox"/> PDC	<input type="checkbox"/> GC	INITIALS: _____
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