

**GRAYSON COUNTY COLLEGE**  
Office of Financial Aid  
**WORK STUDY APPLICATION**

If you are interested in receiving College Work-Study you must:

- Complete the FAFSA @ [www.fafsa.ed.gov](http://www.fafsa.ed.gov) (and if applicable, verification with the Office of Financial Aid)
- Complete the College Work-Study Application
- Complete Background Investigation Authorization Form (Notarization required)

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Semester requested (Check all that apply)     Fall     Spring     Sum I     Sum II

**APPLICANT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Alias/Maiden Name(s) \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race (optional) \_\_\_\_\_ Student ID/SSN#: \_\_\_\_\_

**List any prior States(s) of residence for the past 10 years** (Note: only list the state(s) of residence after age 17)

Drivers License #: \_\_\_\_\_ Drivers License State: \_\_\_\_\_

Yes     No    Are you currently a work-study student?

List the departments you would like to work in:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

What is your major? \_\_\_\_\_ What is your minor? \_\_\_\_\_

What is your classification?     Freshman     Sophomore

Indicate your preference for work hours:

Weekday morning     Weekday afternoon     Weekday evening     Weekends     No preference

How many hours a week are you available to work?: (5 min – 20max)

**EDUCATION**

School	City/State	Did you graduate?	If no, # yrs left	If yes date of graduation	Degree received	Major
High School						
GED:						
Other School						
College						

**Office Use Only**

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

Department Placed In: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Ext.: \_\_\_\_\_

Comments: \_\_\_\_\_

FAO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Work Experience** – Please detail your **entire** work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time, military, or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume." **PLEASE NOTE:** (Insert Company Name) reserves the right to contact all current and former employers for reference information.

<b>Dates Employed</b> (most recent position) From: _____ To: _____		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: _____	Title: _____
Starting Salary: _____	Organization Name & Address: _____		
Ending Salary: _____			
Supervisor's Name, Title & Phone: _____		Other Reference Name, Title & Phone _____	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties: _____		Reason for leaving: _____	
<b>Dates Employed</b> From: _____ To: _____		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: _____	Title: _____
Starting Salary: _____	Organization Name & Address: _____		
Ending Salary: _____			
Supervisor's Name, Title & Phone: _____		Other Reference Name, Title & Phone _____	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties: _____		Reason for leaving: _____	
<b>Dates Employed</b> From: _____ To: _____		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: _____	Title: _____
Starting Salary: _____	Organization Name & Address: _____		
Ending Salary: _____			
Supervisor's Name, Title & Phone: _____		Other Reference Name, Title & Phone _____	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties: _____		Reason for leaving: _____	

# 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".

<b>PART I: DEFINITION OF SECURITY SENSITIVE POSITION (Insert a ✓ in Appropriate Box from Left to Right)</b>	
<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

<b>PART II: TYPE OF POSITION (Insert a ✓ in Appropriate Box from Left to Right)</b>			
<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.

<b>PART III: APPLICANT INFORMATION (Please Type or Print Legibly)</b>		
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:
<b>Please List any prior STATES(s) of residence for the past ten years. (NOTE: ONLY LIST THE STATE(S) OF RESIDENCE AFTER AGE 17)</b>		

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

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

COUNTY OF: \_\_\_\_\_ STATE OF: \_\_\_\_\_

S  
E  
A  
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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