



# **WORK-STUDY APPLICATION**

**APPLICANTS MUST HAVE THEIR APPLICATION COMPLETED BEFORE COMING IN FOR AN INTERVIEW.**

**PLEASE SEE THE LIST OF DOCUMENTS ON THE BACK OF FORM I-9 TO BE BROUGHT IN TO THE INTERVIEW ALONG WITH THE APPLICATION. STUDENTS MAY BRING ONE FROM LIST A OR ONE FROM LIST B IN ADDITION TO ONE FROM LIST C.**

**PLEASE SUBMIT TO:  
DIGITAL MEDIA ARTS COLLEGE  
FINANCIAL AID OFFICE  
3785 NORTH FEDERAL HIGHWAY  
BOCA RATON, FL 33431  
PLEASE PRINT CLEARLY OR TYPE.**

**QUESTIONS SHOULD BE DIRECTED TO THE FINANCIAL AID OFFICE  
561.391.1148 EXT.225 OR TOLL FREE 866.255.DMAC EXT.225**

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**ALL FIRST-TIME STUDENT EMPLOYEES MUST COMPLETE ALL FORMS IN THIS PACKET, EVEN IF YOU HAVE ALREADY BEEN HIRED/ PLACED.**



# DIGITAL MEDIA ARTS COLLEGE

## WORK-STUDY APPLICATION AND PLACEMENT FORM

### SECTION I. PERSONAL INFORMATION

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

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Local Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail address: \_\_\_\_\_

In case of an emergency, notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you a U.S. Citizen?  Yes (*if yes, go to section II*)  No

Are you a permanent resident?  Yes: Alien registration A- \_\_\_\_\_  No  
(*a copy of your alien registration card, both sides, must be attached to this application*)

### SECTION II. ACADEMIC INFORMATION

Indicate your current academic status:

***Undergraduate***

- Freshman (0-30 credits)
- Sophomore (31-60 credits)
- Junior (61-90 credits)
- Senior (91-120 credits)

***Graduate***

- Master's
- Non-Degree Seeking

Major: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Indicate the number of academic credits you will register for this year:

\_\_\_\_\_ *Fall credits*

\_\_\_\_\_ *Spring credits*

\_\_\_\_\_ *Summer credits*

I attend classes (*check all that apply*):

- during the day
- during the evening
- on the weekends

**SECTION III. EMPLOYMENT INFORMATION**

Work Experience/ Interest: \_\_\_\_\_

\_\_\_\_\_

Office machines and technical apparatus you can operate: \_\_\_\_\_

\_\_\_\_\_

Have you ever been employed by Digital Media Arts College?       Yes       No

If Yes:

Location/ Department: \_\_\_\_\_ Date: \_\_\_\_\_

Location/ Department: \_\_\_\_\_ Date: \_\_\_\_\_

Indicate the number of hours per week you would like to work:

Less than 10 hrs.       10 – 15 hrs.       15 – 20 hrs.       more than 20 hrs.

Date you can begin work: \_\_\_\_\_ Do you own a car?    Yes    No

Are you interested in summer employment?       Yes       No

**SECTION IV. EMPLOYMENT EXPERIENCE**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Employed: *from* \_\_\_\_/ \_\_\_\_ *to* \_\_\_\_/ \_\_\_\_      Salary/ Hourly Rate: \_\_\_\_\_

Telephone #: \_\_\_\_\_      Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_      Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Employed: *from* \_\_\_\_/ \_\_\_\_ *to* \_\_\_\_/ \_\_\_\_      Salary/ Hourly Rate: \_\_\_\_\_

Telephone #: \_\_\_\_\_      Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**SECTION V. REFERENCES**

Please provide two personal references:

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

**SECTION VI. STUDENT SIGNATURE**

I certify that the information provided in this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

**SECTION VII. EMPLOYMENT OFFICE USE ONLY**

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# **DIGITAL MEDIA ARTS COLLEGE WORK-STUDY RESPONSIBILITIES**

Work-Studies are expected to abide by the values established by the department in which they work. Students who fail to perform in an acceptable manner may be removed from their assignment and from the Student Work-Study Program at any time.

Any student who accepts a student work-study position accepts the responsibility of maintaining professional principles and agrees to:

1. Perform his or her job assignment in a serious and dependable manner. You are required to follow the rules and policies regarding the confidentiality of student records information:
  - A. Student records, in whole or in part, are not to be removed from any college office by work-studies unless they are requested to do so by their supervisor.
  - B. Work-studies granted access to student records information are accountable for the protection of the information and its contents while it is in their possession.
  - C. Work-studies are prohibited from working with their own records.
  - D. It is prohibited to access personal record information (i.e. family members, friends, or peers)
  - E. It is prohibited to discuss personal record information (i.e. family members, friends, or peers).
  - F. It is prohibited to discuss assignments outside of the office.
  - G. It is prohibited to make personal use of college equipment or office supplies, unless permitted by a supervisor.

Work-studies are strictly prohibited from unauthorized access, alteration, falsification, copying, or distribution of academic, personnel or payroll records. Violation shall include, but are not limited to the alteration of grades or any other records related to the academic performance of students; registrations, drops, withdrawals, or overrides; alteration of pay, vacation, sick or leave balances; or assisting, attempting to assist, or conspiring to assist other employee or student in committing these offenses outlined above. Student work-studies in violation of this policy will be dismissed for cause, as well as subjected to a student judicial review process, which includes the possibility of expulsion from their academic program and the college.

Students must read, understand, and abide by these rules and policies in relation to confidentiality of student record information. Violation of these rules or policies may subject a work-study to immediate termination of employment.

2. Follow a prearranged work schedule.
3. Work a maximum of 20 hours per week except when otherwise approved.
4. Do not report unearned hours on their timesheet.
5. Notify the supervisor, as soon as possible, when illness or other circumstances prevent the student from working and provide a working phone number.
6. Dress appropriately, be dependable and prompt.
7. Do not study or do homework assignments during the working hours unless permitted by supervisor.
8. Discuss any work-related problems with the supervisor. If the problem cannot be resolved, the student should contact their supervisor.
9. Give the supervisor at least one week's notice before terminating a job assignment.
10. Notify the Office of Student Financial Services and Scholarship Coordinator if your enrollment status drops below half time.
11. Stop working immediately upon earning your Work-Study Award (unless otherwise approved in writing by the Office of Student Financial Services and Registration and the employing department).
12. If assigned work-study scholarship hours are not met by the work study student, the student will be liable for any and all unmet hours and work-study reimbursement back to the college.

I certify by my signature below that I have read, been informed of and understand these rules and policies. I further agree to adhere to all of these rules and policies. I understand that the violation of these rules and policies may subject me to immediate termination of employment and possible disciplinary action being taken.

I understand it is a federal offense to falsify payroll time sheets and can expect disciplinary action and other measures to be imposed upon any such falsification.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such

change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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*Student's Signature*

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*Date*

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*Student's Name (please print)*

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*Social Security #*