



900 _____
BCC ID number

xxx - xx - _____
Last four digits of SSN

Last Name

First Name

M. I.

Street Address

City

State

ZIP

Home Phone

Cell Phone

Place a checkmark at **all** employment periods that interest you:
 Summer 2019
 Fall 2019
 Spring 2020

Place a checkmark at your preferred work location:
 Fall River
 New Bedford campus
 Attleboro campus
 Taunton campus

Place checkmarks indicating your skills or experience:
 typing and/or data entry
 filing, general office, reception, phone
 customer service experience
 grounds or building maintenance
 electronic or computer hardware experience

Indicate any software programs in which you are proficient: Word Excel Access Other (list _____)

What is your current program of study at BCC? _____

Describe your previous work experience: _____

If you are presently on the work study program, where are you working? _____

If there is a specific position you are interested in, please indicate the supervisor name: _____

- I understand that I must also complete the Free Application for Federal Student Aid (FAFSA) and submit any other required supporting documentation to the BCC Financial Aid Office.
- I understand that I must meet the eligibility requirements for federal financial aid.
- I understand a CORI/SORI check will be completed prior to work study employment.
- I understand that enrollment in a minimum of six credits is required. For employment during the summer, I must enroll in a minimum of six credits in the upcoming fall semester. For employment during either the fall or spring semester, I must enroll in six credits for that semester.
- Return this completed form to: Financial Aid Office, Bristol Community College, 777 Elsbree Street, Fall River, MA 02720
- Notification of your eligibility and open positions will be sent to your BCC email account or your mailing address.
- Equal Opportunity. Bristol Community College does not discriminate on the basis of race, color, national origin, sexual orientation, gender, age or disability in admission, access or treatment of its programs and activities.

Applicant Signature _____ Date _____

Office Use Only F _____ S _____ registered _____ file complete date _____ need _____ referral _____