



1555 South Raisinville Road • Monroe, MI 48161
Office of Workforce Development • (734) 384-4229 • Fax (734) 384-4190

Application for Student Assistant Positions

A person with a disability requiring accommodation for completing the application
and/or the interview process should notify the Office of Workforce Development

Name: Last First Middle	School ID Number:
Address: Number Street	Phone Number:
City State Zip	Alternate Phone Number:
Position Desired:	Email Address:
Person to notify in case of Emergency (Name, Phone No.)	Today's Date:

Record of Education

School:	Name & Address of School:	Course of Study:	GPA:
High School:			
College:			

Date Entered MCCC:	Current Credit Hours Registered:
Total Credit Hours Earned to Date:	Are You: (circle one) Full-Time ☐ Part-Time ☐
Program or Major of Study:	

Special Skills:

Semester you wish to work: (check all that apply) Fall ☐ Winter ☐ Spring ☐ Summer ☐			
What office equipment are you familiar with or have experience operating? Typing ☐ Speed _____ Photocopier ☐ Phone Systems ☐ Fax ☐			
Computer Software: Windows ☐ MS Office Excel ☐ MS Office Word ☐ MS Office ☐ Database Apps. ☐ Other: _____			
What other skills or experiences might qualify you for the desired position? (manual labor, garden equipment experience, construction, sports/P.E., ect.) _____			

General Information:

Have you ever been convicted of any felony, crime or misdemeanor, other than traffic violation? ☐ Yes ☐ No
If yes, what was the nature of offense? _____
Are you 18 years or older? ☐ Yes ☐ No

Employment Background

(Please list your 2 most recent employers their phone numbers)
1.
2.

The class schedule on this form MUST be completed before you will be considered for a student assistant position. Please use your schedule for the semester you wish to work.

This information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, termination from Monroe County Community College.

I give Monroe County Community College the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application, I hereby release from liability Monroe County Community College and its representatives for seeking, gathering and using such information and all other persons, employers, or organizations for furnishing such information.

Signature:_____

Date:_____

Mail to: Monroe County Community College
Attn: Workforce Development
1555 South Raisinville Road
Monroe, MI 48161-9746

Monroe County Community College is an equal opportunity institution and adheres to a policy that no qualified person shall be discriminated against because of race, color, religion, national origin or ancestry, age, gender, marital status, disability, genetic information, sexual orientation, gender identity/expression, height, weight or veteran's status in any program or activity for which it is responsible.

Class Schedule

HOURS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
8a - 9a						
9a - 10a						
10a - 11a						
11a - noon						
noon - 1p						
1p - 2p						
2p - 3p						
3p - 4p						
4p - 5p						
5p - 6p						
6p - 7p						
7p - 8p						
8p - 9p						
9p - 10p						