

**2008-2009 Academic Year
JOHN A. LOGAN COLLEGE
PLACEMENT OFFICE, C207**

(618)457-7676 or (618)985-2828 ext. 8424 or in (618) area code 800-851-4720

STUDENT EMPLOYMENT REQUEST FORM

In order to be considered for student employment at John A. Logan College, each applicant must have completed an Application for Federal & State Student Aid (FAFSA) and must have submitted the resulting Student Aid Report to the College Financial Aid Office. Student workers are paid bi-monthly. Student workers can work a maximum of 20 hours per week on campus. Student workers are paid minimum wage. As an employee of John A. Logan College, student workers must comply with all employment requirements.

(Please Print)

Last Name _____ First Name _____ Middle Initial _____
Street Address _____
City, State, & Zip Code _____
County _____ Area Code & Phone Number _____
Social Security # or Student ID _____

Academic period for which you desire employment:

Fall 2008 _____ Spring 2009 _____ Summer 2009 _____

College Major _____ Number of hours registered _____

High School from which you graduated _____

Class Standing for this period: Entering Freshman _____ Freshman _____ Sophomore _____

Continuing Student:

Number of college hours completed: _____ GPA Last Semester _____ Cumulative GPA _____

Are you a U.S. citizen, or do you have a legal right to work in the U.S.? Yes No

Immigration Status _____

If you are not a U.S. citizen, can you provide an authorized work permit? Yes No

Are you a veteran of the U.S. armed forces? Yes No

Branch of Service _____ Entrance Date _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

(Disclosure of a criminal record will not necessarily disqualify you from employment consideration. Each offense will be evaluated on its own worth with respect to time, circumstance, and seriousness, and the relationship to the job in which you are applying.)

If yes, explain. _____

(Attach separate sheet if necessary.)

John A. Logan College is committed to equal access and equal opportunity for all students. Admission, financial aid, student employment, curriculum requirements, extracurricular participation, counseling, placement service, athletic programs, or any other service or program of the College, shall be provided without regard to sex, race, color, religion, age, national origin, or disability when such College activity is consistent with the applicable laws and regulations. Admission and retention of, as well as services, programs and activities for, students with identified disabilities will be in accordance with applicable laws and regulations.

WORK SCHEDULE – Place a check in the box to indicate the times you are available to work:

2008 FALL SEMESTER

	7-8	8-9	9-10	10-11	11-12	12-1	1-2	2-3	3-4	4-5	5-6	6-10
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												
Sunday												

2009 SPRING SEMESTER

	7-8	8-9	9-10	10-11	11-12	12-1	1-2	2-3	3-4	4-5	5-6	6-10
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												
Sunday												

2009 SUMMER SEMESTER

	7-8	8-9	9-10	10-11	11-12	12-1	1-2	2-3	3-4	4-5	5-6	6-10
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												
Sunday												

PERSONAL REFERENCES

You must list three people who are not related to you and who may be contacted as character references. Married students may use spouse's parents as one reference. **Include name, address, city, state, zip, and day-time telephone number.**

1. _____

2. _____

3. _____

Please check the skills in which you have had experience or that you are qualified to perform.

- | | | | |
|--|--|---|------------------------------------|
| <input type="checkbox"/> Audio-Visual | <input type="checkbox"/> Graphics | <input type="checkbox"/> Office Machines | Lab Assistant: |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Grounds Keeping | <input type="checkbox"/> Photography | <input type="checkbox"/> Biology |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Learning Lab | <input type="checkbox"/> Reception | <input type="checkbox"/> CADD |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Library | <input type="checkbox"/> Tutor | <input type="checkbox"/> Chemistry |
| <input type="checkbox"/> CPR Certified | <input type="checkbox"/> Lifeguard | <input type="checkbox"/> Typing Speed/wpm | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Filing | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Web Page | <input type="checkbox"/> Physics |

List Computer Programs of which you are familiar: _____

STATEMENT of EDUCATIONAL PURPOSE
CERTIFICATION STATEMENT ON REFUNDS AND DEFAULT

I hereby affirm that any funds received under the Pell Grant program, the College Work-Study program, or the Guaranteed/Federally Insured Loan programs will be used solely for expenses related to attendance or continued attendance at John A. Logan College. I further understand that I am responsible for repayment of a prorated amount of any portion of payments made which cannot reasonably be attributed to meeting educational expenses related to my attendance. The amount of such repayment is to be determined on the basis of criteria set forth by the U.S. Secretary of Education.

Also, I affirm that, to the best of my knowledge, I do not owe a repayment of a grant or award previously received for study at any institution. To the best of my knowledge, I am not in default on a Guaranteed Student Loan made at any institution nor any guaranteed agency for attendance at any institution.

I am also aware that in order to continue to receive assistance from any of the programs mentioned in the preceding paragraphs, I must maintain satisfactory progress in the course of study I am pursuing according to the standards and practices of John A. Logan College.

I give my permission for John A. Logan College to release my academic and financial records to agencies which provide funds for financial assistance for which I may be considered. I declare that I will use the wages I receive under the College Work-Study program solely for expenses connected with attendance at John A. Logan College.

Signature _____ Date _____

SATISFACTORY ACADEMIC PROGRESS VERIFICATION

I hereby verify that I am aware of the fact that if I fail to make measurable satisfactory academic progress as defined by John A. Logan College, I will be ineligible to receive my Pell Grant award, College Student Employment fund, Illinois Guaranteed Loan, Illinois State Monetary Award, or John A. Logan College Foundation Scholarship. I am aware that all student workers employed by John A. Logan College are expected to maintain satisfactory academic progress as explained in the most recent edition of the College Catalog.

Satisfactory Academic Progress Requirements

A student is considered to be making satisfactory academic progress if the following conditions are met:

1. Maintain regular class attendance as determined by the instructor
2. Maintain a cumulative GPA of at least 2.0

Signature _____ Date _____

APPLICANT WORK HISTORY

Complete the following work history information in detail. Start with your most recent employment. "Employment" is used to mean working for another person, working in a business establishment, working in a family business, or working for yourself.

(When listing history, please include the phone numbers)

COMPANY NAME	CITY/STATE	TYPE OF BUSINESS
POSITION	DATE STARTED	DATE ENDED
RATE OF PAY	LENGTH OF EMPLOYMENT	REASON FOR LEAVING
\$ per	yrs. months	
DESCRIBE JOB DUTIES, RESPONSIBILITIES IN DETAIL: TASKS PERFORMED, MACHINES OPERATED, TOOLS/EQUIPMENT USED		
COMPANY NAME	CITY/STATE	TYPE OF BUSINESS
POSITION	DATE STARTED	DATE ENDED
RATE OF PAY	LENGTH OF EMPLOYMENT	REASON FOR LEAVING
\$ per	yrs. months	
DESCRIBE JOB DUTIES, RESPONSIBILITIES IN DETAIL: TASKS PERFORMED, MACHINES OPERATED, TOOLS/EQUIPMENT USED		
COMPANY NAME	CITY/STATE	TYPE OF BUSINESS
POSITION	DATE STARTED	DATE ENDED
RATE OF PAY	LENGTH OF EMPLOYMENT	REASON FOR LEAVING
\$ per	yrs. months	
DESCRIBE JOB DUTIES, RESPONSIBILITIES IN DETAIL: TASKS PERFORMED, MACHINES OPERATED, TOOLS/EQUIPMENT USED		

JOHN A. LOGAN COLLEGE – CARTERVILLE, IL 62918

AGREEMENT FOR PLACEMENT SERVICES

I hereby certify that the information on my Placement Services registration materials is accurate and correct.

I understand that registration with Placement Services does not imply placement or employment guarantees.

The Career Development/Job Placement Office at John A. Logan College does not research the integrity of employers listing jobs with the office due to the high volume of vacancy listings. Individuals are urged to conduct their own research and investigation of any potential employer. Neither John A. Logan College nor the Career Development/Job Placement Office makes any representation or guarantee whatsoever regarding positions listed on the job opportunity boards, the office postings, or on the web page.

Furthermore, John A. Logan College and the Career Development/Job Placement Office do not assume responsibility for safety, wages, working conditions, or any other aspect of off-campus employment.

Release Authorization:

Pursuant to the Family Educational Rights and Privacy Act of 1974, as amended, I hereby authorize the John A. Logan College Placement Services to release information concerning my qualifications.

Date signed _____

Signature _____

If I am hired for a student work position, I understand that I must view the Student Worker video as a condition of employment. The video must be viewed during the first week of employment.

Student's signature _____

Date _____

cc: Hiring supervisor



I am interested in applying for a William D. Ford Direct Student Loan for the
2008-2009 school year. (Please check one – DO NOT LEAVE BLANK)

YES _____

NO _____

Student Signature

Date