

900 _____
BCC ID number

xxx - xx - _____
Last four digits of SSN

Bristol E-mail

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 2021
___ Fall 2021
___ Spring 2022

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 Bristol? _____

Describe your previous work experience: _____

If you are presently on the work study program, who is your supervisor? _____

Do you currently hold a position with the Commonwealth of Massachusetts? _____

- *I understand that I must also complete the Free Application for Federal Student Aid (FAFSA) and submit any other required supporting documentation to the Bristol 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 (referral letter) and open positions will be sent to your BCC email account.*
- *Equal Opportunity. Refer to link:*
<http://www.bristolcc.edu/about/policiesdisclosureslegalstatements/consumerpolicies/equalopportunitynon-discriminationnotice/>

Applicant Signature _____ Date _____

Office Use Only F_____ S_____ registered _____ file complete date _____ need _____ referral