Personal Data

Reporting regulations of the U.S. Equal Employment Opportunity Commission require that certain types of information be kept regarding applicant race, national origin and gender. Please complete the requested information below and return this form to the Human Resources office. *This card is for EEO tracking purposes only and will not be used as a basis for hiring.* **Completion of this form is required.**

Position Title:		
Name:		
Social Security Number:		
Date of Birth:		
Gender:	☐ Female	☐ Male
Ethnicity:	☐ White (1) ☐ Black (2) ☐ Hispanic (3)	☐ Asian or Pacific Islander (4) ☐ American Indian/Alaskan Native (5)
Veteran Status:	☐ Veteran	☐ Vietnam Veteran
Position Number: (for HR use only)		

Referral Source

To help us recruit highly qualified candidates, please let us know how you found out about the open position:

☐ Newspaper – *Houston Chronicle*

☐ Newspaper – *Texas City Sun*

☐ Newspaper – *Galveston Daily News*

☐ Newspaper – *The Chronicle of Higher Education*

☐ Newspaper – Other (please specify)

☐ Personal Reference

☐ Walk-in

☐ Website – College of the Mainland

☐ Website – HigherEdJobs.com

☐ Website – HotJobs.com

☐ Website – Other (please specify)

☐ Professional Publication (please specify)

☐ Other (please specify)

COLLEGE OF THE MAINLAND
STUDENT EMPLOYMENT APPLICATION

STUDENT INFORMATION:
(Please type or print in blue or black ink)

NAME_____ SS#_____
(last) (first) (mi)

DATE OF BIRTH_____ DRIVERS LICENSE NO._____

PRESENT ADDRESS_____
(street) (city) (state) (zip)

TELEPHONE_____ _____
(home) (business)

CLASSIFICATION _____FRESHMAN _____SOPHOMORE

POSITION DESIRED_____

EMPLOYMENT INFORMATION (check all that apply):

Typing speed_____ Other skills_____
Certified Life Guard? Yes____ No__ _____
Computer Knowledge: WordPerfect__ Word___ Dbase__ Access____ Excel___ Lotus__ Other_____

PREVIOUS EMPLOYMENT INFORMATION:

EMPLOYER	DATE OF EMPLOYMENT	JOB TITLE	PHONE NUMBER

REFERENCE INFORMATION:

NAME	ADDRESS	PHONE NUMBER

All students will be required to maintain satisfactory academic progress in accordance with guidelines established by the Student Financial Services Office. Grades will be reviewed at the end of each grading period to determine eligibility. Copies of the Satisfactory Academic Progress Policy are available in the Student Financial Services Office. I understand that a security background check may be performed.

It is understood that any misrepresentation on this application will be sufficient cause for immediate dismissal as a student employee of College of the Mainland. Applications are kept through the end of the school year.

DATE_____APPLICANT SIGNATURE_____

REFERRALS_____ CWSP_____ STUDENT ASST._____
_____ W-4_____
_____ I-9_____

COLLEGE OF THE MAINLAND

STUDENT EMPLOYMENT
AND COLLEGE WORK STUDY

EMPLOYMENT INFORMATION

EMPLOYEE_____SS#_____

ADDRESS_____

HIRING DEPARTMENT_____

I hereby acknowledge and understand that I am employed in at "at-will" capacity and have no right, expectancy, claim or entitlement to continued employment at the College. I further understand that my employment may be discontinued at any time with or without good cause upon notice by my immediate supervisor and that I am not entitled to unemployment or any other benefits associated with College employees.

I also acknowledge that I am familiar with and understand the pay provisions, working conditions, and other College policies regarding employment. I also acknowledge that insofar as my employment, promotion and compensation are concerned, there is not, nor has there been, any discriminatory practice because of my color, race, sex, religion, national origin, disability, Veteran's status, limited English proficiency, or because of any other reason which is prohibited by the laws or constitution of the United States of the State of Texas.

I give permission for the Director of Student Financial Services to release my transcript to my supervisor. I understand that a security background check may be performed.

I understand that my employment is contingent on my maintaining the GPA required by the Student Financial Services Employment Program.

_____ _____

Employee signature Date

STUDENT EMPLOYMENT CHECKLIST

1. _____ When you answer or place a telephone call, YOU ARE THE COMPANY to the person at the other end of the line. You must rely entirely on your voice and telephone personality to demonstrate that your company is friendly and a pleasant place to do business. Therefore, it is vital that you develop and understand the powers of effective telephone communications. Your voice should sound warm and interested. This is highly important to your company—and equally important to your personal business success.

2. _____ Be a good listener, too. The person on the line will appreciate the opportunity to state his business completely. You can demonstrate interest and attentiveness by saying occasionally, "I understand, Mr. Jones" or "Yes sir."

3. _____ If you must leave the line before the conversation has been concluded, give the caller a choice of waiting or being called back. He will appreciate your concern for his time. Always remember to fulfill your promise if you agree to call back. A broken promise may mean an angry customer or a canceled order.

4. _____ When answering calls for others, avoid using the abrupt expression, "Who's calling?" It is more polite to ask, "May I tell him who's calling, please?"

5. _____ Always keep a pad and pencil handy to record information during a conversation. When taking a message, WRITE DOWN THE CALLER'S NAME, AREA CODE, NUMBER, AND TIME OF THE CALL. And of course, place the message where it will not be overlooked. And when you leave your desk, tell the person who will answer your phone where you will be, and when you will return.

6. _____ Knowledgeable employees select clothing that is becoming and appropriate to the type of office in which they work. Your supervisor can instruct you in what type of clothing is considered acceptable for the work which you will be doing. Although you should be comfortable in your clothing, you present an impression of your workplace, and should dress accordingly.

7. _____ PERSONAL HYGIENE IS ESSENTIAL. Make sure you come to work with clean hair and a clean body. The use of deodorant is more important than the use of cologne. Wear clean clothes that are neat and free of wrinkles. Be moderate in your hairstyle and your make-up.

8. _____ Employees should remember that their voices can affect other people negatively or positively. You should cultivate pleasing but audible speech patterns. A loud, harsh voice can be very disturbing, but a voice that is too soft can also be annoying because it cannot be heard. A good office voice is somewhere in between. It is well modulated and audible, and it conveys a professional message.

9. _____ You must be prepared to deal with all kinds of people—co-workers and outsiders. It is important that you not allow personal affairs and interests to intrude on your job. Your work attitude is vitally important. Employers are eager to have employees who are committed to their jobs and feel that they are worth doing.

10. _____ It takes intelligence to understand the needs and motivations of others, and also to be sensitive to the reactions of supervisors, co-workers, and the public. Your words and actions should express a concern for others above yourself.

11. _____ You should use initiative. See what should be done, and go ahead and do it without being told to do so.

12. _____ Your employer must be able to depend on you to have good attendance and to be on time. This also means that once you have been given a job to do, your supervisor can consider it done and forget about it. You should come to work prepared to work. **Personal business should not be conducted during your work hours.**

13. _____ Employees who talk about what they know of company business can cause incalculable harm to the company and to their supervisor. Make sure you keep office business within the walls of your office.

Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds $1,050 and includes more than $350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than $1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at *www.irs.gov/w4*.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . A ____

B Enter "1" if:
- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less. . . . B ____

C Enter "1" for your **spouse.** But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . C ____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . D ____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . . E ____

F Enter "1" if you have at least $2,000 of **child or dependent care expenses** for which you plan to claim a credit . . . F ____
(**Note:** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
- If your total income will be less than $70,000 ($100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.
- If your total income will be between $70,000 and $84,000 ($100,000 and $119,000 if married), enter "1" for each eligible child . . G ____

H Add lines A through G and enter total here. (**Note:** This may be different from the number of exemptions you claim on your tax return.) ▶ H ____

For accuracy, complete all worksheets that apply.
- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed $50,000 ($20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

---------- Separate here and give Form W-4 to your employer. Keep the top part for your records. ----------

Form **W-4** Department of the Treasury Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

OMB No. 1545-0074

2016

1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ ☐

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 5

6 Additional amount, if any, you want withheld from each paycheck . . . . . 6 $

7 I claim exemption from withholding for 2016, and I certify that I meet **both** of the following conditions for exemption.
- Last year I had a right to a refund of **all** federal income tax withheld because I had **no** tax liability, **and**
- This year I expect a refund of **all** federal income tax withheld because I expect to have **no** tax liability.

If you meet both conditions, write "Exempt" here . . . . . ▶ 7

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature
(This form is not valid unless you sign it.) ▶ Date ▶

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

OMB No. 1615-0047; Expires 06/30/09

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name

Address *(Street Name and Number)*	Apt. #	Date of Birth *(month/day/year)*

City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen or national of the United States
- ☐ A lawful permanent resident (Alien #) A _____
- ☐ An alien authorized to work until _____

(Alien # or Admission #) _____

Employee's Signature	Date *(month/day/year)*

Preparer and/or Translator Certification. *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name

Address *(Street Name and Number, City, State, Zip Code)*	Date *(month/day/year)*

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

	List A	OR	List B	AND	List C
Document title:					
Issuing authority:					
Document #:					
Expiration Date *(if any)*:					
Document #:					
Expiration Date *(if any)*:					

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title

Business or Organization Name and Address *(Street Name and Number, City, State, Zip Code)*	Date *(month/day/year)*

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name *(if applicable)*	B. Date of Rehire *(month/day/year) (if applicable)*

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date *(month/day/year)*

Family Educational Rights and Privacy Act

I understand that, by the virtue of my employment with College of the Mainland under the work study program, I may have access to records which contain individually identifiable information, the disclosure of which is prohibited by the Family Educations Rights and Privacy Act of 1974. I acknowledge that I fully understand that the intentional disclosure by me of this information to any unauthorized person would subject me to criminal and civil penalties imposed by law. I further acknowledge that such willful or unauthorized disclosure also violates College of the Mainland's policy and could constitute just cause for disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed.

Signature _____ Date _____