

COLLEGE OF THE MAINLAND

Federal Work-Study

Job Description Form

2015-2016 Academic Year

Office of Student Financial Services

1200 Amburn Road, A-150

Texas City, Texas 77591

Phone: 409-933-8274

Fax: 409.933.8015

Please complete a form for each position (not each employer)

Employing Agency Name and Department (ex. College of the Mainland\Student Financial Services):

Name: _____

Address: _____

Phone Number : _____

E-mail address: _____

Work Schedule (days & hours) _____

Average hours per week (not to exceed 15) _____

Number of positions available: _____

Please check type of work:

- Professional
- Maintenance
- IT /Computer
- Clerical
- Dining Services
- Technical
- Custodial
- Other (please explain): _____

Please list student's duties and responsibilities:

Please list job qualifications:

Please list experience gained that will complement student's academic program or career goals (required for all Federal Work-Study job listings):

All students employed in college work-study will undergo a criminal background check, per College of the Mainland policy.

Please review the checklist of duties and responsibilities and mark as appropriate:

Handling financial, student or personnel data or records?	___ Yes	___ No
Confidential or sensitive data or information?	___ Yes	___ No
Handling cash, checks, or credit card transactions.	___ Yes	___ No
Responsibilities for/or providing services to anyone under the age of 18?	___ Yes	___ No
Possessing keys/codes	___ Yes	___ No
Access to a select agent or toxin as defined by the Centers for Disease Control (CDC) or which will load, unload, prepare for transport, or offer for transportation any quantity of radioactive materials or a quantity of hazardous material which requires placards?	___ Yes	___ No

Supervisor: This individual must be present at the work site when the student is working. He/she is also the person who regulates hours of work and generally ensures that the employee is performing his/her duties properly.

Supervisor's name and job

Title: _____

Phone number: _____ **E-mail address:** _____

Fax number: _____

Mailing address (if different from that of contact): _____

Immediate Supervisor Comments: _____

Signature: _____

Date: _____

Management Comments (second level supervisor): _____

Signature: _____

Date: _____

To Be Completed by Federal Work-Study Community Service Employers

Describe the services your organization provides for the local community and how your organization improves the quality of life in the community:

Describe how this work-study position above will enable your agency to achieve this purpose:

Please complete checklist of services provided:

Literacy training, reading or math tutor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Healthcare	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Childcare	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Welfare, Social Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Transportation, housing, or neighborhood improvement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Public safety or crime prevention and control	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rural development or community improvement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work in service opportunities or Youth Corps	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Support services for students with disabilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mentor for such purposes as supporting educational and Recreational activities, or counseling	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Agency funding sources (check all that apply)

Federal City/County State United Way Other (please explain)

Agency's staffing (number of positions):

Full-time paid staff _____
Part-time paid staff _____
Student employees _____
Volunteers _____
Total staff _____

Additional comments:
