



# APPLICATION FOR EMPLOYMENT FOR WORK STUDY STUDENT WORKERS

## INDIAN RIVER STATE COLLEGE

[www.irsc.edu](http://www.irsc.edu)

3209 Virginia Avenue, Fort Pierce, Florida 34981-5596 Telephone: 1-772-462-4772

Complete this application only if a valid 2025-2026 FAFSA® Application is on file. If you have not filed, you must file and complete all documents before you can be considered for Federal Work Study. Completing this application does not guarantee you a Federal Work-Study position. This application cannot be processed for employment unless all questions carefully and accurately answered and all information blanks are completed.

### PERSONAL INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

IRSC Student ID: \_\_\_\_\_ Major: \_\_\_\_\_ Anticipated Grad Date: \_\_\_\_\_

Other names which may appear on educational or work records: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Residence or Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

### POSITION INFORMATION

Position Applying For: \_\_\_\_\_

Preferred Campus(es): \_\_\_\_\_

Massey Campus – Fort Pierce ☐ Chastain Campus – Stuart ☐ Mueller Campus – Vero Beach ☐

Dixon Hendry Campus – Okeechobee ☐ Pruitt Campus – PSL ☐ Blackburn Educational Building ☐

Indicate days and hours available to work per week: \_\_\_\_\_

Semester(s) you would like to work: Fall 2025 ☐ Spring 2026 ☐ Summer 2026 ☐

Indicate if interested in being a Peer Tutor: Yes ☐ No ☐

List the subject(s) you can tutor: \_\_\_\_\_

Have you completed at least 30 credit hours? Yes ☐ No ☐

If so, do you have at least a 3.0 GPA? Yes ☐ No ☐

If your answer is yes to both questions, would you like to be considered for a peer mentor position?

Yes ☐ No ☐

**OTHER INFORMATION**

Are you legally eligible for employment in the United States? Yes ☐ No ☐

WILL YOU NOW OR IN THE FUTURE REQUIRE VISA SPONSORSHIP? Yes ☐ No ☐

(Questions/concerns may be directed to Human Resources.)

(Proof of identity and eligibility will be required upon employment)

Do you have any relatives working for Indian River State College? Yes ☐ No ☐

If Yes, list their names and relationship: \_\_\_\_\_

**CRIMINAL HISTORY**

**NOTE:** A conviction will not necessarily disqualify you from employment. Factors such as the seriousness and nature of the offense, age at the time of the offense, rehabilitation, and other factors to individually assess the circumstances will also be taken into account.

If any of the answers to the questions below are a "Yes," then disclose where convicted, dates, nature of the charge(s), pleas, fines, disposition, and explain or describe them. Attach a separate sheet.

(Application will not be processed until documents and explanation are received.)

Have you ever been convicted of a felony or misdemeanor in the 1<sup>st</sup> degree? Yes ☐ No ☐

Are you currently on probation or parole or have any charges pending or are you enrolled in a pretrial diversion or other similar programs? Yes ☐ No ☐

**EDUCATIONAL INFORMATION**

Schools Attended (include current)	Location	Did you graduate?	Academic Degree and Major
High School			
Voc-Tech/ College/University			

**SKILLS, TRAINING AND AWARDS**

List any skills (e.g., languages spoken fluently, computer skills, bookkeeping, the equipment you can operate), additional training (e.g., professional seminars, company-sponsored courses), awards or honors that you believe have a bearing on your qualifications for this position.

### THE AMERICANS WITH DISABILITIES ACT AND OUR APPLICATION PROCESS

The Americans with Disabilities Act protects individuals with disabilities from employment discrimination. Indian River State College is committed to the principle that no one will be denied any employment opportunity, or otherwise discriminated against in our application, interview, selection, and hiring process simply because he/she has a disability, or a relationship with a disabled person.

All selection, hiring, and placement decisions will be based upon your education, experience, skill and other legitimate qualifications for the job you seek.

Indian River State College will make a reasonable accommodation to any disability you may have in order to allow you to fairly apply for employment and, if you are hired, to perform the tasks essential to the job. If you have a disability and require a reasonable accommodation to apply or interview with us, please let us know by calling 772-462-7282 or 772-462-7280.

### FLORIDA RETIREMENT SYSTEM (FRS) NOTIFICATION

Indian River State College is a Florida Retirement System (FRS) employer. If you have retired and are receiving monthly benefits under the FRS Pension Plan or have taken any distribution (including a rollover) under the FRS Investment Plan or optional non-FRS Plans (State University System Optional Retirement Plan, State Community College System Optional Retirement Plan, or Senior Management Service Optional Annuity Program), ensure you follow all state laws concerning termination requirements and reemployment limitations if you accept employment with Indian River State College. For more information, visit [www.myfrs.com](http://www.myfrs.com).

### REFERRAL SOURCE

How did you hear about the position you are applying for?

Human Resources Office ☐

IRSC Employee ☐

IRSC Financial Aid Office ☐

IRSC Website ☐

Word of mouth: \_\_\_\_\_

Other: \_\_\_\_\_

List most recent job first.

### EMPLOYMENT HISTORY

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City, \_\_\_\_\_ State \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Hours Worked Per Week: \_\_\_\_\_ Full or Part-Time? \_\_\_\_\_

Salary/Hourly Rate: \_\_\_\_\_

Your Name at the Time and Reason for Leaving: \_\_\_\_\_

Duties and Responsibilities:

List most recent job first

### EMPLOYMENT HISTORY

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City, \_\_\_\_\_ State \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Hours Worked Per Week: \_\_\_\_\_ Full or Part-Time? \_\_\_\_\_

Salary/Hourly Rate: \_\_\_\_\_

Your Name at the Time and Reason for Leaving: \_\_\_\_\_

Duties and Responsibilities:

### REFERENCES

List professional references from persons familiar with your work and qualified to evaluate your qualifications

Name	Address	Occupation	Phone Number	Years Known

### **CERTIFICATION**

I certify that the information contained in this application is correct and understand that falsification of this

information is sufficient grounds to prevent further consideration of employment at Indian River State College for any and all present or future positions. Falsifications discovered in situations where employment has been already extended become sufficient grounds for immediate dismissal in accordance with Indian River State College policy. In consideration of my employment, I agree to conform to the rules and regulations of Indian River State College.

If I am employed with Indian River State College, I understand that IRSC is an "at-will" employer. This means that all student employees, are employed by and may be terminated at the will of IRSC without notice or cause by either IRSC, or the employee, regardless of the length of their employment or the granting of benefits of any kind. It also means the employees without contracts may resign without notice or stating the reason.

Typed Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### **INDIAN RIVER STATE COLLEGE APPLICATION ADDENDUM**

#### **NON-DISCRIMINATION AND NON-HARASSMENT POLICY STATEMENT**

It is the policy of Indian River State College that each employee, visitor and student be allowed to participate in college programs, activities, and employment in a discrimination and harassment free environment. Discrimination and harassment of any nature based on one's race, color, national origin, ethnicity, sex, pregnancy, religion, age, disability, sexual orientation, marital status, veteran status, genetic information, and any other factor protected under applicable federal, state and local civil rights laws, rules and regulations is strictly prohibited.

Title IX of the Educational Amendments of 1972 is a federal law prohibiting discrimination on the basis of sex in higher education. Sex discrimination includes sexual harassment and sexual violence. Indian River State College prohibits the commission of any act of sexual assault, sexual misconduct, sexual battery, and other crimes of violence upon employees, students and prospective students, visitors, and other affiliates of the College conducting College business, events, or activities on IRSC property or IRSC sponsored events.

The following person has been designated to handle inquiries regarding non-discrimination and Title IX complaints:

Adriene B. Jefferson  
Equity Officer/Title IX Coordinator Indian River State College  
3209 Virginia Ave, Fort Pierce, FL 34981-5596  
ajeffers@irsc.edu  
772-462-7156

To view our Non-Discrimination and Non-Harassment policy and procedures, go to <https://www.irsc.edu/about/equity-and-diversity.html>. Copies of these are also available in the Office of Human Resources, located at 3209 Virginia Avenue, Fort Pierce, Florida.

## EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

Your application will be considered even if you do not provide the information requested in this section.

Female ☐ Male ☐

Please answer the two questions below. Regardless of your answer to Question 1, go to Question 2.

1. Ethnicity

Are you Hispanic or Latino (includes persons of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race).

Yes ☐ No ☐

2. Race

Please select the racial category or categories with which you most closely identify by selecting the appropriate box or boxes. Please check one or more.

American Indian or Alaska Native ☐

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian ☐

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American ☐

A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander ☐

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White ☐

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- ☐ YES, I HAVE A DISABILITY (or previously had a disability)
- ☐ NO, I DON'T HAVE A DISABILITY
- ☐ I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date



## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.