



PENSACOLA CHRISTIAN COLLEGE®

P.O. BOX 18000 • PENSACOLA, FL 32523-9160

WORK ASSISTANCE APPLICATION

PCC ID# _____

Part I

PLEASE PRINT.

Name _____
Last First Middle

Address _____
Street

City State ZIP

Home Phone () PCC Phone _____
(If current student)

Birth Date / / U.S. Social Security No. _____
MO. / DAY / YR.

Male Female Class: FR SO JR SR Other

Major _____

Application is for Fall _____ Spring _____
Year Year

List your 1st, 2nd, and 3rd work choice under *Preferences*. Check box if you are experienced in that area.

Preferences	Area of Work	Preferences	Area of Work
<input type="checkbox"/>	Care of young children	<input type="checkbox"/>	Cleaning
<input type="checkbox"/>	Distribution Center	<input type="checkbox"/>	Dining Services
<input type="checkbox"/>	Grounds	<input type="checkbox"/>	Lifeguard
<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Office
<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	Print Shop
<input type="checkbox"/>	Customer Service [†]		

Preferences cannot always be honored.

[†]For training purposes, this position may require arrival on campus two weeks before the start of the semester.

The Work Assistance Program is designed to provide financial assistance by means of on-campus employment to residence hall students with the greatest financial need. Although we are not able to guarantee actual job placement, the number of hours worked, or the total dollar amount earned, work assistance students are given priority for on-campus employment. Pay is on a minimum-wage basis, applied directly to the college account. The first payment is applied in the sixth week of the semester and then every four weeks thereafter.

Campus jobs are to be considered a privilege, and a student's work must be satisfactory in order for him to continue in the Work Assistance Program.

STUDENT MUST CHECK NUMBER OF WORK HOURS DESIRED

Category	Weekly Hrs.	Approx. Monthly Earnings
<input type="checkbox"/> A	8-12	\$230-\$350
<input type="checkbox"/> B	12-15	\$350-\$430
<input type="checkbox"/> C	15-20	\$430-\$580

WORK ASSISTANCE AGREEMENT

After reading each statement, sign below.

- I am indicating a definite financial need in order to attend Pensacola Christian College.
- I agree to work in any area and perform consistently any job to the best of my ability.
- I agree to adjust my class schedule and extracurricular involvement in order to meet my job responsibilities as required by the Student Employment Office.
- I agree to continue on the Work Assistance Program in the same work category automatically each semester, unless I complete a "Student Employment Change Request" form and am approved by the Student Employment Office to be removed from the work program between semesters or to have my work category changed. This form is available on *Eagle's Nest*. **The deadlines to request to be removed from or to change the category of my work program are August 15 for the fall semester and January 5 for the spring semester (including applicant's first semester on the program).** I understand that the College reserves the right not to renew this agreement, and that I will be notified of any non-renewal prior to the start of any given semester.
- I understand if I accept the PCC Free Tuition/Room and Board offer to attend 6 semesters and get 2 semesters free and am also hired on work assistance any of the 6 semesters, I may be required to work a minimum of 10 hours per week during the 2 free semesters or forfeit the 2 free semesters offer.
- I understand anytime I work for PCC, I will be compensated at the regular student pay rate.
- I agree not to have an off-campus job while I am on the work program.
- I agree to adjust my work hours from time to time during the semester to meet the needs of my work area.
- I agree to remain on campus and not request a pass to leave the area immediately prior to or following a hurricane or other similar emergency situation unless prior approval is granted by my work area supervisor.
- I may be discharged from my job if my work is not satisfactory. If this discharge is due to negligence, carelessness, or indifference on my part, I will not be given a new job in another department. If the discharge is because I am not qualified, but I have done my best, I can be considered for another on-campus job.
- If notified that I have a job**, I agree to arrive on campus a few days earlier than other students in order to attend the Student Workers' Meeting where work assignments are given. I may also be required to stay later to work on the last day of the semester.
- I agree, if needed, to arrive on campus up to two weeks before the beginning of each semester (including my first semester on the program).
- I understand and agree to abide by the above conditions and arrangements and by the rules and regulations of the College.
- I have completed the Activity Vector Analysis. (See Part 3 of this application.) Date _____.

APPLICANT'S SIGNATURE (Use full name.) _____ DATE _____

FOR APPLICATION TO BE CONSIDERED, APPLICANT MUST SIGN AND DATE AGREEMENT.

FOR OFFICE USE ONLY

ID # _____ Status _____ Category _____ Date _____ Rate: _____
 Res.: US CAN PERM DUAL
 Box # _____ Term _____ Confidential _____ LED _____ WP# _____ FINAL: Yes No



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WORK ASSISTANCE APPLICATION

Part 2

WORK EXPERIENCE RECORD

STUDENT NAME _____
Last First Middle

Please list below any significant work experience which you may have had. Include name of employer, type of work, and length. Also list any hobbies (photography, writing, gardening, etc.) that may be job-related.

- Employer _____ Length of Employment _____
Type of work _____ Phone _____
- Employer _____ Length of Employment _____
Type of work _____ Phone _____
- Special Skills _____ Hobbies _____
- Do you have a U.S. driver's license? Yes No
- Have you driven school buses? Yes No Do you have a chauffeur's license? Yes No
- Are you a certified lifeguard? Yes No Do you play the piano? Yes No
- Have you been a counselor at a children's camp? Yes No Can you type? Yes No If yes, ____ wpm

WORK EXPERIENCE DETAIL — Check box if you are experienced in that area.

Area	Length of Experience	Area	Length of Experience	Area	Length of Experience
<input type="checkbox"/> Auto Mechanic	_____	<input type="checkbox"/> Electronic Repair	_____	<input type="checkbox"/> Plumbing	_____
<input type="checkbox"/> Bank Teller	_____	<input type="checkbox"/> Floor Care	_____	<input type="checkbox"/> Pool Cleaning	_____
<input type="checkbox"/> Baking	_____	<input type="checkbox"/> Forklift Operator	_____	<input type="checkbox"/> Printing	_____
<input type="checkbox"/> Cake Decorating	_____	<input type="checkbox"/> Irrigation Systems	_____	<input type="checkbox"/> Publishing	_____
<input type="checkbox"/> Carpentry	_____	<input type="checkbox"/> Janitorial	_____	<input type="checkbox"/> Retail Sales	_____
<input type="checkbox"/> Cashier	_____	<input type="checkbox"/> Landscaping	_____	<input type="checkbox"/> Shipping/Receiving	_____
<input type="checkbox"/> Catering	_____	<input type="checkbox"/> Large Machine Operator	_____	<input type="checkbox"/> Teacher's Assistant	_____
<input type="checkbox"/> Computer Work	_____	<input type="checkbox"/> Lawn Care	_____	<input type="checkbox"/> Telephone Work	_____
<input type="checkbox"/> Construction	_____	<input type="checkbox"/> Library	_____	<input type="checkbox"/> Tractor Operator	_____
<input type="checkbox"/> Cooking	_____	<input type="checkbox"/> Maintenance Work	_____	<input type="checkbox"/> Typesetting	_____
<input type="checkbox"/> Customer Service	_____	<input type="checkbox"/> Office Work	_____	<input type="checkbox"/> Wallpaper	_____
<input type="checkbox"/> Child Care	_____	<input type="checkbox"/> Painting	_____	<input type="checkbox"/> Warehouse	_____
<input type="checkbox"/> Drywall	_____	<input type="checkbox"/> Plants	_____	<input type="checkbox"/> Word Processing	_____
<input type="checkbox"/> Electrician	_____			<input type="checkbox"/> Yearbook	_____

Additional Comments: _____



ACTIVITY VECTOR ANALYSIS

Please use the following instructions to take an Activity Vector Analysis on-line. This is an important part of the application process, and your application **cannot be processed until this has been completed.**

Part 3

- Go to www.webava.com.
- User ID is "pccstudent."
- Password is "ava."
- Click on *Complete AVA assessment*.
- It will take you through 4 steps to complete the AVA and will take approximately 30 minutes to complete.

Have you completed the AVA? _____ Yes _____ No



Part 4

Adjusted Gross Income for Past Year

Father or Legal Guardian \$ _____
 Mother \$ _____
 Other Income \$ _____
 Social Security Benefits \$ _____
 Total Income \$ _____

____ No. of children enrolled in a Christian school/home school for the current school year. **Tuition Paid \$** _____
 ____ No. of children enrolled at another college or university for the current school year. **Tuition Paid \$** _____
 ____ No. of children attending PCC for the current school year.
 ____ No. of children at home not included in the figures above.



IMPORTANT NOTE: The U.S. government requires all workers to complete an I-9 form. The following documents are the most common identification for completing this form and *should be brought with you to PCC:*

- School ID card with a photograph or driver's license *and*
- Original Social Security Card or original birth certificate