



First Coast Technical College

Financial Aid

2980 Collins Ave., St. Augustine, FL 32084
 Phone 904.547.3512, 904.547.3511
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 fctcfinaid@stjohns.k12.fl.us

Students interested in the Work Experience Program must first complete the Free Application for Federal Student Aid (FASFA) to determine their financial need. To help avoid delays, please double check to ensure every page is complete before submitting your application. *Applicants must list all criminal arrests, convictions, etc. If you fail to list all infractions, we can't hire you.*

Name:	Social Security #:
Address:	Telephone #:
City ST Zip:	Email address:
Class:	Estimated Completion Date:

Work experience & job skills: _____

Available to work	
MON	to
TUE	to
WED	to
THU	to
FRI	to

For office use only		
ID's copied		FASFA & forms completed
W4 done		Contract signed
I 9 done		Confidentiality agreement

If you are not a US citizen, are you authorized to work in the US? YES NO

Have you ever been convicted of a crime and/or have any criminal charges pending?

YES NO If yes, please give details: _____

By signing below, I agree to maintain satisfactory academic progress while employed. I further agree to conduct myself in a professional manner while participating in this program.

Student

Date

FWEF Application

Work Contract

- I will conduct myself in a professional manner, arrive on time to my assigned job, and complete duties as instructed. Failure to do so may result in reprimand, disciplinary action, and/or termination from my position.
- I cannot work during the time I am scheduled to be in class. If I work more than 6 hours, I am required to take a 30 minute lunch break, and will reflect such on my time sheet.
- If late or unable to attend work, it is mandatory to notify my immediate supervisor as soon as possible. If they are not available, I must contact the Financial Aid Office.
- I will complete a time sheet and submit it to my supervisor for signature each week by 9:00 pm every Wednesday. I am required to submit my time sheet to the Financial Aid Office by noon every Friday. I understand that it is my responsibility to ensure that my hours are correct, and my time sheets are submitted by the deadline.
- If I fail to submit my time sheet promptly, or submit an incomplete time sheet, I acknowledge that there will be a delay in processing of my paycheck.
- Falsifying time sheets will result in dismissal. Habitual tardiness or unprofessional conduct will result in dismissal. If disciplinary action is taken against me in class, I may be subject to reprimand or dismissal.
- I will do my best to complete duties as a student worker in the department in which I am assigned. If any difficulty arises, I will discuss them with my supervisor. If the matter is unresolved, I will contact the Financial Aid Office.

Confidentiality Agreement

- In my capacity as an employee/student worker at FCTC, I may have access to confidential materials and private records. These records may be in hardcopy and/or electronic format.
- Under federal and state law and the College's policy, these materials and records are protected under FERPA (the Family Educational Rights and Privacy Act). I understand my obligation to comply with its terms.
- I shall not, directly or indirectly, communicate any information concerning such records to any person other than my supervisor, or an individual approved by my supervisor.
- I am required to treat data in a confidential and professional manner and that any breach of confidentiality or abuse of my position may result in reprimand, disciplinary action, termination from my position, and/or legal proceedings.
- I may not give anyone else access to data or make changes to data, other than assigned.
- No official record or report, or copy thereof, may be removed from the office where it is maintained except in the performance of my duties.

By signing this contract, I certify that I will comply with this agreement. My responsibilities have been explained to me and I feel I have the qualifications and maturity to handle them. If I fail to fulfill my duties or behave in a manner that poorly reflects on myself, or FCTC, I understand that I am subject to reprimand and/or dismissal.

Signature

Printed Name

Date *Work/Confidentiality Contract*

Security Check

– This section **must** be completed before you may be considered for student worker. If more space is needed, continue on the back of the page.

Name:	Social Security #:	
Driver's License or ID #:	State:	Expires:
Commercial Drivers License # (CDL):	State:	Expires:

Applicants – Having a charge or conviction on your record will not necessarily prevent you from being hired. However, **you are required to disclose ALL of your history on any arrests, convictions, or sealed/expunged records – including juvenile incidents.** Failure to disclose all of your history will automatically prevent us from being able to hire you. Please be honest to ensure your application isn't rejected because of failure to disclose information.

At the time of employment, local, state and federal law enforcement agencies will research your fingerprints. Sealed or expunged records must be revealed to the First Coast Technical College/St. Johns County School District pursuant to F.S. ' 943.085. Pursuant to F.S. '231.02 (2) (a), your employment with the FCTC/SJCSD is temporary and probationary pending successful processing of your fingerprints.

The following questions must be answered truthfully. Your omission of any criminal history may be grounds for termination. Pursuant to Florida Statutes ' 943.058, Criminal History Records or Sealing, persons to be employed in a position having direct contact with children must answer question 9.

To omit response or to be untruthful, regardless of any previous information received from your attorney or the Court, will be considered falsification of your application and will result in termination. If you wish to seek counsel prior to completing this section, please do so.

1. Yes No - Has your driver's license EVER been revoked or suspended? **Include penalties as a result of DUI/DWI charges.*

2. Yes No - Have you had ANY traffic violations during the past three (3) years?

If you answered YES to any of the above questions, please give details below: _____

 City, State Where Arrested Date of Arrest Charge(s) & Disposition(s):

3. Yes No Are criminal charges other than minor traffic violations currently pending against you?
4. Yes No Have you EVER pled guilty to a criminal offence?
5. Yes No Have you EVER been convicted/fined in a criminal proceeding?
6. Yes No Have you EVER been placed on probation in a criminal proceeding? **Include participation in a pre-trial intervention program.*
7. Yes No Have you EVER pled a non contest in a criminal proceeding?
8. Yes No Have you EVER had adjudication withheld (withholding of guilt or innocence by a judge) in a criminal proceeding?
9. Yes No Have you EVER received an impingement (charges erased) of an arrest or a pardon of conviction? (Under Florida Statutes ' 943.058, expunged or sealed records are available to district school boards.)
10. Yes No Have you EVER failed to appear in court or forfeited bond in a criminal proceeding?

If you responded YES to any of the above questions, please give details. _____

City, State Where Arrested Date of Arrest Charge(s) Disposition(s)

- By signing this document, I certify that all information is true and accurate.
- My signature further certifies that there is no falsification of any information, omission of any information, or misrepresentation of any information requested.
- I also understand that my fingerprints will be submitted to the Federal Bureau of Investigations for complete criminal history background check.
- By my signature, I authorize First Coast Technical College to conduct any investigation necessary to verify all information identified on this form.
- My signature on this document provides the release of any sealed or expunged records in my name by any court.
- Included in this grant of authority is my permission to contact any and all former employers to supply such information to the Human Resources Specialist of FCTC.

Signature

Printed Name

Date

FWEP Security Check