

STUDENT EMPLOYMENT FORM

Financial Aid Only: SE WS

Legal Name: _____

Student I.D#: _____ Grade: _____

CCAD email: _____

Local Phone #: _____

Local Address: _____

STUDENTS: PLEASE READ THE INFORMATION BELOW BEFORE SIGNING

- Hiring stipulation contingent upon enrollment with CCAD.
- I have read the job description and completed the Financial Aid Application with the college.
- I know my employment will end should I have poor job performance, discontinued student status or upon my graduation.
- I also understand this position could be paid under the Federal Work Study Program if applicable. Please contact Financial Aid Office for questions.
- **Direct deposit is required for all employees. You must provide a voided check or a letter from your bank verifying your account to set up direct deposit. Otherwise you will receive your paycheck on an ADP Wisely Card.**
- I take responsibility for reading and abiding by the policies of the CCAD Student Employee Handbook
- Employment will **NOT** begin until your supervisor is notified by HR that your employment eligibility has been verified

Student Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Print Name: _____

Department: _____ Term & Year: _____