

APPLICATION FOR RETURNING STUDENT EMPLOYMENT

Department: _____

Student Employment Type

Work Study Student

Student Assistant

(Check one semester only) Fall Semester Spring Semester Summer Semester



Location Attending

EGSC Swainsboro

EGSC Statesboro

PLEASE READ

To be eligible for employment, student must maintain half-time enrollment status (6 credit hours or more). Whenever a student employee drops below full-time status, the student must promptly notify his or her supervisor. Failure to do so could result in the student becoming permanently ineligible for future employment. Student employees **MAY NOT work more than 19 hours per week.** Completed and signed applications should be returned to the Human Resources Office.

All personal data and special categories of sensitive personal data collected or processed by East Georgia State College must comply with the EGSC Cybersecurity Plan, as authorized by the Board of Regents Policy Manual Section 10.4 Cybersecurity: <https://www.usg.edu/policies>. Anyone suspecting his or her sensitive personal data has been exposed to unauthorized access, report your suspicion to privacy@ega.edu. Otherwise, questions concerning GDPR can be forwarded to privacy@ega.edu. By signing and submitting this document, you provide consent to and acknowledgement of the EGSC Data Security and Privacy Policy.

PERSONAL INFORMATION

Last Name		First Name		M.I.		Student ID Number	
Major(s) & Expected Graduation Date				EGSC Email Address _____@ega.edu		What is your current GPA?	
Mailing Address				Physical Address			
Street/PO Box				Street			
City		State	Zip	City		State	Zip
Home Phone () - -		Cell Phone () - -		Other Phone () - -			

The applicant has been selected to begin working in my department after Human Resources has finalized all paperwork.

Students Signature

Date

Division Chairperson/Supervisor

Date

I certify that the applicant is enrolled in at least 6 Credit Hours? **YES NO**

Is the student in good academic standing? **YES NO**

Registrar's Office

Date

Eligible for Work Study **YES NO** **Term** _____ **Hours Eligible** _____

Financial Aid Signature **Date**

Business Affairs Signature **Date**

I certify that employment forms and procedures have been completed.

Human Resources Office/Career Services

Date