

Student Worker Renewal of Work

(in same department)
Hagerstown Community College
11400 Robinwood Drive
Hagerstown, MD 21742

For Office	Use Only:	
	Total Hrs	Hourly Rate
Fall		
Spring		
Summer		
Dept:		
Dept: Superviso	or:	

	_			
Last Name	First Name	Middle		Do you have a Driver's License? Yes No
Street Address	City	State	Zip Code	Home Phone: Cell Phone: Email Address:
Have you ever worked at HCC?				Are you over the age of 18? Yes No If no, have you provided HCC with a Minor Work Permit? Yes N
Are you currently enrolled	ed at HCC? Yes No. If yes,	how many credit hours	are you registere	d to take this semester?
Have you been convicted provide the facts and des Is your semester GPA at	cribe the circumstances.	an minor traffic violatio	ons since your las	t student worker renewal? Yes No. If yes, please
	Study Student Worker? Yes	No		
College Attended/Degree	e(s)/Graduation Date:			
Are you a participant of t	the Essence Program? Yes	No		
Do you have any relativ	ves currently working at HCC? Yes	No If yes, ple	ease give name of	f the employee
PLEASE NOTE: Pleas 20 hours per week.	e check this box if you are an F-1 V	isa student. L If yo	ou are an F-1 Vis	sa, you are not permitted to work on campus any more than
Signature of Applicant:				Date:
				ministers its policies in a non-discriminatory manner and does , sexual orientation, or veteran status, or disability.
AUTHORIZATION TO HI	RE – TO BE COMPLETED BY THE HIRI	NG SUPERVISOR		
	v of the student's previous work in 1	my department		I recommend this Student Worker to
	ment. I also verify that this student visors - please read/review the applications	is enrolled for six (6) o	credits or more a	