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| **Select one:****FEDERAL FUNDED WORK-STUDY:** [ ]  **GENERAL FUNDED WORK-STUDY:** [ ]  |
| **Position applying for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Name (Last, First, Middle Initial) | Are you an RMI Citizen? ☐ YES ☐ NO If not an RMI citizen, what is your nationality/citizenship? | Semester applying for:☐ FALL \_\_\_\_\_\_\_\_☐ SPRING \_\_\_\_\_\_\_\_☐ SUMMER \_\_\_\_\_\_\_\_ |
| Residence Address |
| Home/Mobile Number: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CMI Student Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@cmistudent.comPersonal Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  RMI SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_US/PSEDUO SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Returning Work Study ☐ YES ☐ NONew Work Study ☐ YES ☐ NO | Program of Study (Major)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expected date of Graduation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Are you currently employed? ☐ YES ☐ NOIf yes, where are you currently working?Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Will a third party be paying any part of your tuition, not including financial aid? ☐ YES ☐ NOIf yes, please list the agency that is paying your tuition:Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Agency email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Check the boxes that best describe your abilities, skills and/or interests (check all that apply):**⬜Typing ⬜Telephone Skills/Etiquette⬜Office Equipment Knowledge ⬜Microsoft Excel Proficient ⬜Microsoft Word Proficient ⬜Microsoft Access ⬜Proficient Filing ⬜Bulk Mailings ⬜Data Entry Skills ⬜Communications Skills ⬜Writing Skills ⬜Organizational Skills ⬜Peer Tutoring:(Subject) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⬜ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Prior Work Experience:**

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| Place of Employment | Dates of Employment | Duties |
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| **Applicant’s Certification and Agreement****Please read carefully before signing**I hereby certify that the information provided in this application and any attachment materials included as a part of the application process are true, correct and complete, and that there is no willful misrepresentation, falsification or omission of any information contained in my application materials. In consideration of employment, I agree to abide by the rules and regulations of the College of the Marshall Islands and the Republic of the Marshall Islands and applicable U.S. federal and RMI law.  |
| **Student Signature** | **Date** |