

MODESTO JUNIOR COLLEGE  
 VETERANS SERVICES AND VETERANS RESOURCE CENTER  
 WORK-STUDY APPLICATION

The VA Work Study is a greatly valued team member in the MJC Veterans Office and the Veterans Resource Center (VRC). The VA work study will assist the School Certifying Official and the Program Specialist by providing general information regarding veteran education benefits and campus services. Additional duties include assisting students with general inquiries about veteran education benefits and registration questions via phone, email and in person. You will assist the Certifying Official and Program Specialist in day to day tasks, events, and workshops hosted by the VRC.

**In order to be considered for a work-study position, one must be receiving VA educational benefits and be enrolled at least ¾ time.**

**STUDENT INFORMATION (PLEASE PRINT)**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ SSN: \_\_\_\_\_

VA File # (Chapter 35 ONLY): \_\_\_\_\_

Email: \_\_\_\_\_ Student ID #: \_\_\_\_\_

**CHAPTER OF BENEFITS RECEIVING:**

- 30 Montgomery     33 Post 9/11 Veteran     33 Post 9/11 Dependent     35 Dependent  
 31 Voc. Rehab     1606 Reservist/Guard     1607 Activated Reservist/Guard

**DATE OF ENROLLMENT:** Beginning Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**COMPUTER SKILLS:** \_\_\_\_\_

**HOURS AVAILABLE TO WORK**

Monday	Tuesday	Wednesday	Thursday	Friday

**PREVIOUS EMPLOYMENT**

EMPLOYER: \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

RESPONSIBILITIES: \_\_\_\_\_

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EMPLOYER: \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

RESPONSIBILITIES: \_\_\_\_\_

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**ANY ADDITIONAL SKILLS:** \_\_\_\_\_

It is important to understand that work in these offices is of a sensitive and confidential nature and must be treated as such while employed. Collection or improper disclosure of personally identifiable information of any kind is prohibited under Federal Law. Any violation will result in immediate termination and reported to the proper authorities.

By signing below you certify that you understand all the information provided on this form and, if accepted for a position on this form and, if accepted for a position, agree to all the conditions contained herein.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_