



**MARION MILITARY INSTITUTE**  
**2024- 2025 FEDERAL WORK STUDY APPLICATION**

<b>Personal Information</b>	Name _____					
	First	Middle	Last			
	Permanent Address _____					
	Street / Box No.		City	State	Zip	
Telephone No. _____						
Cellular		Other	E-Mail Address			

<b>Current Status</b>	Classification:    Beginning Freshman _____    Transfer Student _____    Returning Student _____					
	Anticipated Graduation/Completion Date From MMI?    Fall _____    Spring _____					
	Are You Currently Receiving Financial Assistance At MMI?                  Yes _____                  No _____					

<b>Previous Experience and Skills</b>	Please list any previous work experience or skills which may apply to work study positions					
	_____					
	_____					
	_____					
	_____					

<b>Disclaimer</b>	Do you understand that you cannot exceed 10 hours each week?    Yes _____          No _____					
	Do you understand that you will receive the minimum wage amount of \$10.00 per hour?    Yes _____          No _____					
	Do you understand that community service may be required within the semester?                          Yes _____          No _____					
	Do you agree to meet the qualifications set out by your supervisor?    Yes _____          No _____					

**YOU MUST SUBMIT YOUR SIGNED TIMESHEET THE LAST DAY OF EACH MONTH.  
YOU MUST SUBMIT YOUR TIME SHEETS TO THE FINANCIAL AID OFFICE.  
THE BUSINESS OFFICE WILL NOTIFY YOU WHEN YOUR CHECK IS AVAILABLE FOR PICKUP.**

**I HAVE READ AND CLEARLY UNDERSTAND ALL OF THE INFORMATION STATED ABOVE.**

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SignatureDate

Marion Military Institute  
Office of Financial Aid  
**Confidentiality Statement for Federal Work Study Program Participants**

Marion Military Institute (MMI) maintains strict confidentiality and security of records in compliance with the Privacy Act of 1974, the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA), in addition to other federal and state laws. These laws pertain to the security of all records that contain information that could reveal private information concerning employees and students.

Faculty, staff, students or others may have access to such private information to the extent necessary to perform their duties. As an individual with access to private information of the college, you are required to protect against unauthorized access, ensure the security and privacy, and disclose any anticipated threats or hazards to such information. You must be very careful not to release this information to any individuals, including but not limited to unauthorized college employees, students who do not have a **legitimate college or business need to know** as well as parents of students who are not listed on the student's Release of Information form. If in doubt, you should act to preserve the confidence of information requested, until you have verified Marion Military Institute's policies through your supervisor or the Office of Human Resources.

Information may not be used, disclosed, copied, sold, loaned, reviewed, altered or destroyed except as properly authorized by the appropriate college official within the scope of applicable federal or state laws, including record retention schedules and corresponding policies. No Marion Military Institute employee, student or other individual is permitted to realize any personal gain as a result of disclosing or using confidential information. This obligation of nondisclosure or unauthorized use continues indefinitely, even after your relationship with Marion Military Institute ends.

As faculty, staff, students, or volunteers of Marion Military Institute, you must abide by the rules, regulations, policies and procedures of Marion Military Institute as well as federal and state laws applicable to your position at the college. Your failure to comply with any applicable law or procedure may result in the revocation of your access to confidential information; disciplinary action, including termination of employment; criminal and/or civil penalties, depending upon the nature and severity of the breach of confidentiality.

I have read the above Confidentiality Statement and understand my obligation as an employee to ensure the confidentiality of information.

Employee/Student:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department

# Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

**Give Form W-4 to your employer.**

Your withholding is subject to review by the IRS.

**Step 1:  
Enter  
Personal  
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**Step 2:  
Multiple Jobs  
or Spouse  
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3-4(b) on Form W-4 for only **ONE** of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

<b>Step 3: Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 . . . . . \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . . . . .	<b>4(c)</b>	\$ _____

<b>Step 5: Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	<b>Employee's signature</b> (This form is not valid unless you sign it.)		<b>Date</b>
<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)



# Employment Eligibility Verification

## Department of Homeland Security U.S. Citizenship and Immigration Services

**USCIS  
Form I-9**  
OMB No. 1615-0047  
Expires 07/31/2026

**START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the instructions.**

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)						
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code					
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number						
<p><b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b></p>			Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):								
			<input type="checkbox"/> 1. A citizen of the United States								
			<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)								
			<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)								
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)											
If you check item Number 4., enter one of these:				<input type="text"/> USCIS A-Number		OR	<input type="text"/> Form I-94 Admission Number		OR	<input type="text"/> Foreign Passport Number and Country of Issuance	
Signature of Employee						Today's Date (mm/dd/yyyy)					

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

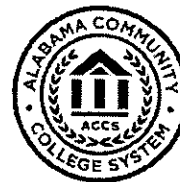
	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<b>Additional Information</b>  <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					
					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

**For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.**



# MARION MILITARY INSTITUTE

1101 Washington Street  
Marion, Alabama  
36756



## OFFICE OF BUSINESS & FINANCIAL AFFAIRS

### DIRECT DEPOSIT AUTHORIZATION

BANK/DEPOSITORY NAME: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

SAVINGS OR CHECKING (CIRCLE ONE)

PERCENTAGE OF PAY TO BE DEPOSITED: 100% OTHER: \_\_\_\_\_

DOLLAR AMOUNT TO BE DEPOSITED: \_\_\_\_\_  
(Only complete the line above if you wish to deposit to multiple accounts.)

I hereby authorize Marion Military Institute to initiate entries into my checking/savings account indicated above. This authorization is to remain in full force and effect until I provide written termination.

EMPLOYEE NAME: \_\_\_\_\_

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