

MARION

MILITARY INSTITUTE

2025-2026 FEDERAL WORK STUDY APPLICATION

PERSONAL INFORMATION

NAME _____
First Middle Last

PERMANENT ADDRESS _____
Number, Street

City State Zip

CELL PHONE _____ EMAIL _____

CURRENT STATUS

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 ____

Please list any previous work experience or skills which may apply to work study positions.

DISCLAIMER

Do you understand that you cannot exceed 10 hours each week? YES ____ NO ____
Do you understand you will receive the wage amount of \$10 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 to the financial aid office.
The business office will notify you when your check is ready for pickup (if not using direct deposit).

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

Signature Date

It is the policy of the Alabama State Board of Education and Marion Military Institute, a postsecondary institution under its control, that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied the benefit of, or be subject to discrimination under any program, activity, or employment.

Employee's Withholding Certificate

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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.

2025**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 www.ssa.gov .
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.)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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.

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 for the 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.)

Step 3: Claim Dependent and Other Credits	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	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). 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	4(a)	\$
	(b) Deductions. 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	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5:
Sign
Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

Employers
Only

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 05/31/2027

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	
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.		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:					
		USCIS A-Number	OR	Form I-94 Admission Number	OR	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)		Additional Information			
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)					
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.					
Certification: 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.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa Employment Authorization Document that contains a photograph (Form I-766) For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> Foreign passport; and Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> The same name as the passport; and An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address School ID card with a photograph Voter's registration card U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner Card Native American tribal document Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: School record or report card Clinic, doctor, or hospital record Day-care or nursery school record 		<ol style="list-style-type: none"> A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> NOT VALID FOR EMPLOYMENT VALID FOR WORK ONLY WITH INS AUTHORIZATION VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal Native American tribal document U.S. Citizen ID Card (Form I-197) Identification Card for Use of Resident Citizen in the United States (Form I-179) Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central. The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.
<p style="text-align: center;">Acceptable Receipts</p> <p style="text-align: center;">May be presented in lieu of a document listed above for a temporary period.</p> <p style="text-align: center;">For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> Receipt for a replacement of a lost, stolen, or damaged List A document. Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<ul style="list-style-type: none"> Receipt for a replacement of a lost, stolen, or damaged List B document. 		<ul style="list-style-type: none"> Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

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

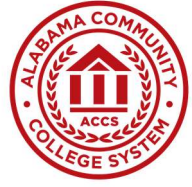
Date

Department



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: _____

Consent, Release & Authorization For Background Check

Applicant/Volunteer Name

Position Title

The Alabama Community College System Board of Trustees adopted a policy (currently Policy 623.01) requiring background checks related to employment and volunteer services. By signing this Consent form, I authorize the Alabama Community College System or its designee to conduct background searches for felony and misdemeanor convictions at the state and national levels of any jurisdiction, national sex offender registry searches, and other relevant information.

I understand that I may voluntarily consent to the use of my social security number for the purpose of conducting a background check. I further understand that my voluntary consent to use my social security number, or a portion thereof, is being requested for the purposes of conducting a background check pursuant to the authority of the Alabama Community College System Board of Trustees policy. I understand that neither the Alabama Community College System nor any employing authority within the Alabama Community College System will deny me any right, benefit, or privilege provided by law because of my refusal to voluntarily consent to the use of my social security number, or a portion thereof, for the limited purpose of conducting background checks.

The College is requesting consent to the use of your social security number, or a portion thereof, for the limited purpose of conducting a background check.

Consent for Use of Social Security

☒

I consent

☐

I do not consent

The information I have given in my employment application, interviews, and/or related resumes and documents is true, complete, and accurate. I understand and agree that if employed, and/or during any period of employment, any false statements, misrepresentations of facts, or omissions made by myself become known, my employment shall be subject to immediate termination.

I understand that Policy 623.01 will be followed and in the event a conviction for a felony or any crime involving moral turpitude is found that the procedures established for the Board of Trustees policy concerning background checks shall be followed.

I have read and completely understand this release.

Applicant's Signature

X _____

Date

Legal First Name

Legal Middle Name

Legal Last Name

Maiden or Other Name(s)

Address

City

State/Province

Zip/Postal Code

Email

Phone

Social Security Number

Date of Birth

Do you have a current State of Alabama Issued ID/Driver's License?

☐

Yes

☐

No

Are you under the age of eighteen (18)?

☐

Yes

☐

No