



STUDENT EMPLOYMENT AGREEMENT

BMCC ID#: _____ **Last Name:** _____ **First Name** _____
Local Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Medical Information (Medications, Allergies, Etc.):

Emergency Contact Name:

Relationship to Student:

Contact Phone Number:

Supervisors: Please keep a copy of this form for your records

STATEMENT OF UNDERSTANDING - FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 (FERPA)

I understand that by virtue of my employment at Blue Mountain Community College, I may have access to records, which contain individually identifiable information, the disclosure of which is prohibited by the Family Educational Rights and Privacy Act of 1974.

I acknowledge that I fully understand that the intentional disclosure by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law.

I further acknowledge that such willful or unauthorized disclosure also violates Blue Mountain Community College policy and could constitute just cause for disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed.

Specific questions regarding FERPA application and/or interpretation should be directed to the Registrar.

I have received and understand it is my responsibility to read, understand and comply with the college's Family Educational Rights and Privacy Act (FERPA) policy.

Blue Mountain Community College Non-Discrimination Policy: It is the policy of the Blue Mountain Community College Board of Education and School District that there will be no discrimination or harassment on the grounds of race, color, sex, marital status, sexual orientation, religion, national origin, age or disability in any educational programs, activities or employment. Persons having questions about equal opportunity and nondiscrimination should contact the BMCC Title IX Coordinator Room M-13 Morrow Hall, Blue Mountain Community College, 2411 NW Carden, Pendleton, OR 97801, Phone: 541-278-5947. Email: hr@bluecc.edu. For hearing impaired assistance, please call Oregon Relay at 7-1-1. For complete EEO disclosure statement, please go to www.bluecc.edu/EEO.

Signature of Applicant:

Date:

STUDENT- EMAIL FORM TO STUDENT EMPLOYMENT SUPERVISOR. SEE THE STAFF DIRECTORY FOR STAFF EMAIL AT <https://bluecc.edu/staff-directory/>

TO BE COMPLETED BY SUPERVISING DEPARTMENT

Position:

Department:

Dept Contact:

(Faculty/classified that student will interact with daily)

Term/s:

Summer (req spec permission)

Fall

Winter

Spring

I have offered this student the position indicated above and provided the student with the **Affordable Care Act Notice.**

Supervisor Name (faculty/classified staff may not supervise)

Supervisor Signature:

Date:

SUPERVISOR: EMAIL FORM TO rc@bluecc.edu when completed.

TO BE COMPLETED STUDENT EMPLOYMENT DEPARTMENT

Fund Source:

FWS (9910-708001-5610-N)

Institution Funded (9910-

-5600-N)

Dept #

TRIO/Student Support Services (9910-309002-5600-N)

Other (provide acct number)

RATE OF PAY FOR 24-25: \$13.70 per hour

Awarded Amount \$

Maximum Total Hours

Hours per week

If LOI, \$

Approved by:

Date:

Date Sent to HR/Payroll & email sent to student to contact HR for paperwork:

STUDENT EMPLOYMENT DEPT: email form to hr@bluecc.edu when completed.