



KENTUCKY STATE
UNIVERSITY

Federal Work Study Interview/Hiring Packet

Student ID#	Last:	First:
Phone #:	Email:	

Supervisor: Once student has been selected for the position, please complete, and return to the FWS coordinator to complete the HR process (background check and ADP access)

Department/ Location	
FOAP	
Student position title	
Student's supervisor	
Supervisor Email	
Supervisor Phone number	

Student's Schedule

Monday	Tuesday	Wednesday	Thursday	Friday

Student Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____



**KENTUCKY STATE
UNIVERSITY**

Federal Work Study contract

- I understand that FWS is a job and I am expected to show up on time, perform duties outlined in the job description and duties as assigned along with being dressed appropriate.
 - Work attire is casual, preferred, KSU shirt and casual pants (jeans are acceptable no excessive tears/holes).
 - No crops tops, no short shorts, no tank tops, no leggings, no sweatpants, no pajamas
 - KSU is a smoke free campus, therefore work attire should be free of smoke odor of any kind
 - Dress code is subject to vary based on job location
- I understand that I am expected to contact my supervisor for circumstances that may come up that will prevent me from starting work on time and working to full scheduled time.
- I will properly document time worked by logging my hours **daily** in ADP. I understand that falsifying time is grounds for termination and the forfeit of FWS.
- I understand it is my responsibility to submit my timesheet bi-weekly and failure to do so may result in delayed payment.
- I understand that my job may consist of confidential information and I am not at liberty to discuss information with other individuals.
- Students are not permitted to work more than hours awarded and no more than 25 per week
- Students are not permitted to change jobs without the approval of the FWS coordinator and the proper documentation.
- I shall contact the FWS coordinator in the event a problem arises with my job assignment or my supervisor.
- Student must maintain Satisfactory Academic Progress (SAP) and be enrolled in at least 6 credit hours. Failure to comply with these requirements will result in termination and forfeit of FWS.

By signing, I understand and agree with the conditions set forth in this contract.

Student Signature: _____

Date: _____



Access and Confidentiality Agreement

SECTION I: GENERAL INFORMATION

As an employee with privileges at Kentucky State University, you may have access to what this agreement refers to as "confidential information." The purpose of this agreement is to help you understand your duty regarding confidential information.

Confidential information includes employee, student, financial and other information relating to Kentucky State University and information proprietary to other companies or persons. You may learn of or have access to some or all of this confidential information through a computer system or through your employment activities.

Confidential Information is valuable and sensitive and is protected by law and by strict Kentucky State University policies. The intent of these laws and policies is to ensure that confidential information will remain confidential and that such information will be used only as necessary to accomplish the organization's mission. As an employee, you are required to conduct yourself in strict conformance to applicable laws and Kentucky State University policies governing confidential information. Your principal obligations in this area are explained below. You are required to read and be able to abide by these obligations. The violation of any of these obligations will subject you to disciplinary action up to and including discharge. You may also be subject to legal liability.

SECTION II: POLICY

As an employee, you understand that you will have access to confidential information, which may include, but is not limited to, information relating to:

- Employees/students (such as salaries, employment records, disciplinary actions, registration and admittance, transcripts, etc.).
- Kentucky State University information (such as financial and statistical records, strategic plans, internal reports, memos, contracts, peer review information, communications, propriety computer programs, source code, propriety technology, etc.).
- Third party information (such as computer programs, client and vendor proprietary information, source code, propriety technology, etc.).

Accordingly, as a condition of and in consideration of your access to confidential information, you promise that you will use confidential information only as needed to perform your legitimate duties as an employee affiliated with Kentucky State University. This means, among other things:

- You will only access confidential information for which you have a need to know.
- You will not in any way divulge, discuss, copy, release, sell, loan, review, alter or destroy any confidential information except as properly authorized within the scope of your professional activities affiliated with Kentucky State University.
- You will not misuse confidential information or carelessly care for confidential information.
- You will safeguard and will not disclose your access code or any other authorization you have that allows access to confidential information.
- You accept responsibility for all activities undertaken using your access code and other authorization.
- You will report activities by any individual or entity that you suspect may compromise the confidentiality of confidential information. Reports made in good faith about suspect activities will be held in confidence to the extent permitted by law, including the name of the individual reporting the activities.

Employee Access & Confidentiality Agreement**Page 2 of 2**

- You understand that your obligations under this agreement will continue after termination of your employment.
- You understand that your privileges hereunder are subject to periodic review, revision and if appropriate, renewal.
- You understand that you have no right or ownership interest in any confidential information referred to in this Agreement.
- Kentucky State University may at any time revoke your access code, other authorization, or access to confidential information.
- At all times during your employment you will safeguard and retain the confidentiality of all confidential information.
- You will be responsible for your misuse or wrongful disclosure of confidential information and for your failure to safeguard your access code or other authorization access to confidential information.
- You understand that your failure to comply with this agreement will result in disciplinary action up to and including the loss of your employment at Kentucky State University.

SECTION III: EMPLOYEE AGREEMENT & ACKNOWLEDGEMENT

I understand and agree that any and all information I review, inspect or otherwise receive as an employee of Kentucky State University is being received by me solely in connection to my work at Kentucky State University. All such information is strictly confidential and proprietary and that no such information should be shared with any other person, unless I am specifically directed to do so by my immediate supervisor, by subpoena, or by a court of law. In addition, I understand that discussing such information is a breach of my agreement to maintain confidentiality. I also understand that such a breach may negatively affect the work, mission, property interests or reputation of Kentucky State University. Therefore, I will not discuss or disseminate any information or details concerning any Kentucky State University files, personnel, faculty, staff, or students outside the confines of my position with any person(s) including, but not limited to, persons involved in the Kentucky State University files, students, faculty, staff, or persons outside Kentucky State University, unless specifically directed to do so by my immediate supervisor, by subpoena, or by a court of law. I understand that maintaining confidentiality is a condition of my employment and that any breach of confidentiality may result in disciplinary action by my employer, up to and including termination.

Furthermore, I understand and agree that my duty of confidentiality continues beyond my employment at Kentucky State University and that failure to maintain confidentiality may subject me to additional action by my employer, including, but not limited to, a civil court action for injunctive relief and/or for damages. I also agree not to disparage or demean Kentucky State University or its reputation in any way related to information I have received in my position.

By signing below, I acknowledge that I have read this document, I understand that standards and expectations it sets for me, and I knowingly and voluntarily agree to abide by it while employed by Kentucky State University and afterward.

Printed Name

Date

Signature



Background Check Information Form

PART I: APPLICANT INFORMATION

Position Applied For:			
Interviewing Official:			
First Name:		Other Names Used:	
Middle Name:			
Last Name:			
Address:			
City/ST/Zip			
SSN:		Date of Birth:	
Driver's License:		Issuing State:	
Name on Driver's License:			
Contact Phone No:		E-mail:	

PART II: DISCLOSURE OF VIOLATIONS OR CONVICTIONS

I understand that state law requires a state and national criminal history and background check as a condition of employment. I further understand that a conviction reported below will not automatically disqualify me from employment.

Have you ever been convicted for any violation(s) of law, including moving traffic violations? ☐ Yes ☐ No

If YES, please provide the following:

Description of Offense:			
Statute or ordinance (if known):		Date of Charge:	
County/City/ST of conviction:		Conviction Date:	

(For additional convictions use plain paper. Include all information listed above.)

Answer these questions for all positions requiring the use of a vehicle: Have your driving privileges ever been revoked or suspended? ☐ Yes ☐ No

If yes, list here:

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PART III: AUTHORIZATION

The facts as stated on this form are true and correct. I understand that, if employed, false statements on this or any university form may cause my immediate dismissal.

Signature of Applicant: _____ Date: _____