


APPLICATION FOR STUDENT EMPLOYMENT
An Equal Opportunity Employer

(Use Typewriter Or Print Clearly When Completing This Form)

Columbia
 Rolla
 Kansas City
 St. Louis
 System

If you have special needs as identified by the Americans With Disabilities Act of 1990 and need assistance with any phase of the application process or need this application provided in an alternate format, immediately notify Human Resources. Reasonable attempts will be made to accommodate your needs.

PERSONAL INFORMATION

| | | | | | | | | | |
|---|--|---|---|---------|---|------------------------|------------------|----------|--------|
| Name (Last, First, Middle Initial) | | | | | | Student Number | | | |
| Local Address (Street, City, State, Zip Code) | | | | | | Local Telephone Number | | | |
| Permanent Address (Street, City, State, Zip Code) | | | | | | | | | |
| Are you now or have you ever been employed by the Univ.? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Supervisor's Name | | | | Dates | | | |
| Are you related to any member of the Board of Curators? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Name and Relationship | | | | | | | |
| Are you related to anyone now employed by the Univ.? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Name and Relationship | | | | | | | |
| Current hours of enrollment at the University. | | Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Can you provide documentation which proves your identity and employment eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Beginning with date shown, identify daily hours you would be available. | | Beginning Date | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| In Case of Emergency, Notify: | | | Address | | | | Telephone Number | | |

EDUCATIONAL INFORMATION

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|--|--|--|----------|--|--|--|-----------------|--|--|---|----------------------------|---|---|---|---|---|---|---|----|----|----|----|----|----|-------|
| Circle Highest Grade Completed: | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Other |
| Name of High School | | | Location | | | | Course of Study | | | | Dates Attended (From - To) | | | | Diploma/Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Degree | | | | | | | | | | |
| Name of Technical/Vocational School | | | Location | | | | Course of Study | | | | Dates Attended (From - To) | | | | Diploma/Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Degree | | | | | | | | | | |
| Name of College or University | | | Location | | | | Course of Study | | | | Dates Attended (From - To) | | | | Diploma/Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Degree | | | | | | | | | | |
| Other | | | Location | | | | Course of Study | | | | Dates Attended (From - To) | | | | Diploma/Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Degree | | | | | | | | | | |
| List Scholastic Honors and Memberships | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indicate Other Qualifications and Skills, Such as Office Machines, Dictation, Technical Training | | | | | | | | | | | | | | | | | | | | | | | | | |

COMPLETE WORK EXPERIENCE SECTION

WORK EXPERIENCE

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|--------------------|--|
| Firm Name | Employed From: _____ To: _____ |
| Address | May We Contact For References? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Supervisors Name | Telephone Number |
| Reason for Leaving | |
| Describe Duties | |
| Firm Name | Employed From: _____ To: _____ |
| Address | May We Contact For References? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Supervisor's Name | Telephone Number |
| Reason for Leaving | |
| Describe Duties | |
| Firm Name | Employed From: _____ To: _____ |
| Address | May We Contact For References? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Supervisor's Name | Telephone Number |
| Reason for Leaving | |
| Describe Duties | |

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|---|------|
| <p>Please Read Carefully and Sign: I certify the above statements are correct and, if employed, I agree that all rules, orders and regulations of the Board of Curators affecting my employment shall constitute a part of my employment or appointment.</p> | |
| Signature | Date |

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|---|
| <p>NOTICE OF NONDISCRIMINATION: The University will recruit and employ qualified personnel and will provide equal opportunities during employment without regard to race, color, religion, sex, sexual orientation, national origin, age, disability or status as a Vietnam era veteran. Anyone having inquiries concerning the University's compliance with this nondiscrimination resolution is encouraged to contact the Affirmative Action/Equal Opportunity Office.</p> |
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