°ÄÃÅÁù°Ï²Ê¸ßÊÖ APPLICATION FOR STUDENT EMPLOYMENT

An Equal Opportunity Employer

(Use Typewriter Or Print Clearly When Completing This Form)

Columbia	Rolla	к	ansas City		St. Louis		System	I	
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 Nu	Student Number		
Local Address (Street, City, State, Zip Code)						Local Tele	Local Telephone Number		
Permanent Address (Street, City, State, Zip Code)									
Are you now or have you ever been employed by the Univ.? Yes No				Dates					
Are you related to any member of the Board of Curators? Yes No									
Are you related to anyone now employed by the Univ.? Name and Relationship									
Current hours of enrollment at the "ÄÄÅÁÅů°Ĩ²Ê,ßÊÖ. Are you eligible to work in the United States? Can you provide documentation which proves your identity and employment eligibility? Yes No									
Beginning with date shown, identify daily hours you would be available.		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
In Case of Emergency, Notify: Address							Telephone Nu	mber	
EDUCATIONAL INFORMATION									
Circle Highest Grade Completed: 1 2	3 4 !	5 6 7	7 8 9	10 1	11 12	13 14	15 Other		
Name of High School	Location			Course of Study		Dates Attended	(From - To)	Diploma/Degree Diploma Degree	
me of Technical/Vocational School Location			(Course of Study		Dates Attended (From - To)		Diploma/Degree Diploma Degree	
ame of College or University Location			(Course of Study		Dates Attended (From - To)		Diploma/Degree Diploma Degree	
Other Location			(Course of Study		Dates Attended (From - To)		Diploma/Degree Diploma Degree	
List Scholastic Honors and Memberships									
Indicate Other Qualifications and Skills, Such as	Office Machines, Did	ctation, Technic	al Training						

WORK EXPERIENCE

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Firm Name	Employed From: To:					
Address	May We Contact For References?					
Supervisors Name	Telephone Number					
Reason for Leaving						
Describe Duties						
Firm Name	Employed From: To:					
Address	May We Contact For References? Yes No					
Supervisor's Name	Telephone Number					
Reason for Leaving						
Describe Duties						
Firm Name	Employed From: To:					
Address	May We Contact For References? Yes No					
Supervisor's Name	Telephone Number					
Reason for Leaving						
Describe Duties						
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.						
Signature	Date					

NOTICE OF NONDISCRIMINATION: The °ÄÃÅÁùºÏ²Ê¸ßÊÖ 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 °ÄÃÅÁùºĨ²Ê¸ßÊÖ's compliance with this nondiscrimination resolution is encouraged to contact the Affirmative Action/Equal Opportunity Office.