

APPLICATION FOR STUDENT EMPLOYMENT

PLEASE PRINT OR TYPE

File form with employing agency.

An Equal Opportunity Employer

Name of Applicant		Position Applied For			Telephone No. () -	
Address		City	State	Zip Code	Date of Birth	Social Security No.
PERSONAL	YES	NO	In the section below, if the answer to items 1,2, or 3 is YES, you are required to answer the accompanying questions. A YES answer to these questions will not automatically bar you from employment.			
	<input type="checkbox"/>	<input type="checkbox"/>	1. In the past five (5) years, have you been removed from a position as a result of misconduct or resigned to avoid such removal?		1.If yes, give name and address of employer(s) and reason(s) for separation.	
	<input type="checkbox"/>	<input type="checkbox"/>	2. Within the past five (5) years, have you been convicted of any law violation? (Exclude minor traffic violations.)		2. & 3. If yes, give law enforcement authority (city police, sheriff, FBI, etc.) offense, date of offense, place and sentence.	
	<input type="checkbox"/>	<input type="checkbox"/>	3. Have you ever been convicted of a felony?			

EDUCATION	4. Are you now a full time regular student? <input type="checkbox"/> YES <input type="checkbox"/> NO		5. School, college or university you are now attending. NAME ADDRESS			
	6. Current Grade/Classification		Other School		7. If you are not presently attending school	
	High School College Graduate School _____ 1 st yr _____ 2 nd yr				MO YEAR	
				A. When were you last registered?		
				B. When do you plan to return to school?		

8. LIST PREVIOUS WORK EXPERIENCE ON PART 2

AUTHORIZATION	I have completed this application with the knowledge and understanding that any or all items contained herein may be subject to investigation prescribed by law and I consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, hospitals and other individuals and agencies to duly accredited investigators, personnel technicians and other authorized employees of the state government for that purpose.					
	I certify that the answers I have given to all questions in this application are true to the best of my knowledge. If I am appointed, I agree to promptly notify the proper agency official of any change in my status as a student, including any reduction in courses taken, termination of student status, or scholastic probation.					
	Signature of Applicant					Date

REPORT OF SCHOOL OFFICIAL

Yes	No	THE RECORDS OF THIS SCHOOL INDICATE THAT THE APPLICANT NAMED HEREIN									
<input type="checkbox"/>	<input type="checkbox"/>	A. Is classified as a full-time regular student of this school under its criteria				D. Current Grade/ Classification					
<input type="checkbox"/>	<input type="checkbox"/>	B. Has completed his course and received a diploma or certificate or has graduated									
<input type="checkbox"/>	<input type="checkbox"/>	C. Has applied for enrollment in this school effective (give date)									
<input type="checkbox"/>	<input type="checkbox"/>	Is your school accredited?									
<input type="checkbox"/>	<input type="checkbox"/>	Is your school approved by the state in which it is located?									
Name of School					Address						
Signature of School Official				Title				Date			

AGENCY REVIEW OF STUDENT STATUS

Date Reviewed	Initials	Date Reviewed	Initials	Date Reviewed	Initials	Date Reviewed	Initials	Date Reviewed	Initials	Date Reviewed	Initials
1.		2.		3.		4.		5.		6.	

The following information is collected to compile equal opportunity reports, as required by law. You **ARE NOT** legally obligated to provide this information.

Racial Group						SEX					
<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Other	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
Ethnic Group											
<input type="checkbox"/> Hispanic or Latino						<input type="checkbox"/> Non-Hispanic or Non-Latino					

PART 2

PRESENT AND PREVIOUS EMPLOYMENT –Start with Present or Most Recent Position					
EMPLOYMENT HISTORY	DATE (Month/ Year)		NAME AND ADDRESS OF EMPLOYER	POSITION	
	From	To			
Have you worked under another name? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give name(s).			May inquiry be made of your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO May inquiry be made of your former employers? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you have a legal right to work In the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		

MAY PUT ADDITIONAL WORK EXPERIENCE BELOW.