APPLICATION FOR STUDENT EMPLOYMENT

PLEASE PRINT OR TYPE.

File form with employing agency. An Equal Opportunity Employer											nployer					
	Name of Applicant							Position Applied For						Telephone No.		
PERSONAL	Address					City	,		S	tate	Zip Code	Date o	of Birth	Social Secur (for identification)		
	YES															
		1. In the past five (5) year you been removed from position as a result of misconduct or resigned such removal? 2. Within the past five (5)				om a f ed to avoid			ves, give law enforcement authority (city police, sheriff, FBI, etc.), offense, date of							
	Ave you been convic law violation? (Exclud traffic violations) 3. Have you ever been c				convicted o xclude mir	ted of any offense, place and sentence. le minor						c.), onense, a	ale of			
			a felo		een convic	led of										
_			now a full-t	time regula	ar 5. S	School,	college or unive	rsity yo	u are nov	v atten	ding or last at	tended:				
EDUCATION	student?				ME ADDRESS											
	6. Current Grade/Classification High School					Other S			chool 7				7. If you are not presently attending school MO. YEAR			
Ξ	College											A. When we last regis	tered			
	Graduate School 1 st Yr. 2 nd Yr.					Yr.	B. When do to return									
8. L	IST F	PREV	IOUS W		PERIEN			SIDE	OF TH	IS SH	IEET					
I have completed this application with the knowledge and understanding that any or all items contained herein main vestigation prescribed by law and I consent to the release of information concerning my capacity and fitness by educational institutions, law enforcement agencies, hospitals and other individuals and agencies to duly accredite 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 agree to promptly notify the proper agency official of any change in my status as a student, including any reduction termination of student status, or scholastic probation.Signature of Applicant										by employer, lited investig	ators, nted, I					
								60U			A 1					
Yes	N	o	THE RE	CORDS	OF THIS		REPORT OF					NAMED H	EREIN			
							udent of this sch					Current Gra		sification		
						-	ved a diploma c				duated					
			C. Has applied for enrollment in this school effective (give date):													
		Is your school accredited?														
			Is your sch	ool approv	ed by the	state in	which it is locate									
Name of School Address																
Signature of School Official Title Date																
AGENCY REVIEW OF STUDENT STATUS																
Date Reviewed Initials Date Reviewed Initials				Date Reviewe	ed	Initials	Date	e Reviewed	Initials	Date R	eviewed	Initials				
1.				2.			3.			4.			5.			
The following information is collected to compile equal opportunity reports, as required by law. You ARE NOT legally obligated to provide this information.																
RACIAL/ETHNIC GROUP Asian / Pacific Hispanic Eskimo / Aleutian 19. SEX																
White Black					Ame	rican In						uuun	Male Female			

	PRESENT AND PREVIOUS EMPLOYMENT – Start with Present and Most Recent Position											
EMPLOYMENT HISTORY	DATE (Mo	onth/Year)	NAME AN	ID ADDRESS	S OF EMPLOY	ΈR	POSITION					
	From To											
	Have you wo If yes, give na	rked under anc ame(s)	other name?	YES		May inquiry be made of your pre employer? May inquiry be made of your for employers?	ner		YES	NO NO		
							Do you have a legal right to work in the United States?		YES NO			

MAY PUT ADDITIONAL WORK EXPERIENCE BELOW