

University Of Missouri
APPLICATION FOR STUDENT EMPLOYMENT
An Equal Opportunity Employer

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.? ___Yes ___No	Supervisor's Name		Dates
Are you related to any member of the Board of Curators? ___Yes ___No	Name and Relationship		
Are you related to anyone now employed by the Univ.? ___Yes ___No	Name and Relationship		
Current hours of enrollment at the University of Missouri	Veteran? ___Yes ___No	Are you eligible to work in the United States? ___Yes ___No	Can you provide documentation which proves your identity and employment eligibility? ___Yes ___No
Beginning with date shown, identify daily hours you would be available.	Beginning Date	Mon - Tues - Wed - Thurs - Fri - Sat - Sun	
In Case of Emergency, Notify:	Address		Telephone Number

EDUCATION INFORMATION

Circle the 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
Name of Technical/Vocational School	Location	Course of Study	Dates Attended (From - To)	Diploma/Degree
Name of College or University	Location	Course of Study	Dates Attended (From - To)	Diploma/Degree
Other	Location	Course of Study	Dates Attended (From - To)	Diploma/Degree
List Scholastic Honors and Memberships				
Indicate Other Qualifications and Skills, Such as Office Machines, Dictation, Technical Training				

WORK EXPERIENCE:

Firm Name	Employment Dates (From - To)
Address	May We Contact For Reference ___Yes ___No
Supervisor's Name	Telephone Number
Reason For Leaving	
Describe Duties:	
Firm Name	Employment Dates (From - To)
Address	May We Contact For Reference ___Yes ___No
Supervisor's Name	Telephone Number
Reason For Leaving	
Describe Duties:	
Firm Name	Employment Dates (From - To)
Address	May We Contact For Reference ___Yes ___No
Supervisor's Name	Telephone Number
Reason For Leaving	
Describe Duties:	
Firm Name	Employment Dates (From - To)
Address	May We Contact For Reference ___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 University of Missouri does not discriminate on the basis of race, sex, age, national origin, religion, status as a veteran or veteran of the Vietnam era. Anyone having inquiries concerning the University of Missouri's compliance with this nondiscrimination resolution is encouraged to contact the Affirmative Action/Equal Opportunity Office.
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