STUDENT EMPLOYMENT FORM

Student Information: *(Student Completes)*

Student's Name: _____

Circle One: Freshman Sophomore Junior Senior

Campus Box Number: _____ Campus Phone Number: _____

Campus E-mail Address: _____

Social Security Number: _____ Date of Birth: _____

Have you worked for this employer previously? Yes ____ No ____

Are you going to have more than one work-study position this year?

Yes ____ No ____

If yes, where? _____

_____ _____

Student's Signature Date

Students: Please also read and sign the Student Employment Agreement form.

Hiring Information *(Supervisor Completes)*

Department/Office: _____

Account Number: _____

Supervisor's Name: _____

Student's Job Title: _____

Is this a **new** employee ____ or a **reinstated** employee ____?

If **reinstated**, eligible for raise based on job performance? Yes ____ No ____

Date employment will begin: _____

_____ _____

Supervisor's Signature Date

Supervisors: If you need this form for your files, please photocopy. Please remember that students cannot begin working without a signed Work Permit.

Students: Take this form to the following offices for signatures.
Please do not write below this line.

Financial Aid
Award: _____
Approval: _____
Date: _____

Human Resources
Tax Forms/I-9: _____
Approval: _____
Date: _____

Career Services
Wage: _____
Approval: _____
Date: _____

02/06