



UNIVERSITY

Student Employment Application

Submit this application and a resume directly to each department in which you would like to work.

Position applying for: _____ Department name: _____	
Personal Information	Name _____ Maiden Name: _____ <small style="margin-left: 100px;">Last First MI</small>
	Permanent Address _____ <small style="margin-left: 100px;">Street Address City State Zip Code</small>
	MSC# _____ Phone/Cell _____ Email: _____
	Are you a U.S. Citizen <input type="checkbox"/> No <input type="checkbox"/> Yes If not, which country? _____
	What division of MU are you currently attending? <input type="checkbox"/> College <input type="checkbox"/> Seminary <input type="checkbox"/> Graduate Program How many semester credits are you taking? _____
MU Employment History	Are you currently employed on campus? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which department _____
	Have you previously worked on campus? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when & which department _____
	List previous supervisors: _____

I hereby certify that, to the best of my knowledge, the answers to the foregoing questions and statements are true and correct.

Student Signature _____ Date _____

Hiring Supervisor	Job Title _____ Hours per week _____
	Department# _____ Department Name _____
	Supervisor _____
	Supervisor Signature _____ Date _____
	Department Head Signature _____ Date _____ <small>(If different than Supervisor)</small>
Anticipated First day of work: _____	
Approval To Begin Working	Approved Pay Rate:\$ _____ SSN: _____ Employee ID# _____
	Approval Signature _____ Date _____
	<input type="checkbox"/> I-9 <input type="checkbox"/> W-4 <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Skills and Experience Inventory

Please complete the work history on page two OR attach a resume.

Work History, Skills and Certifications

Please complete this work history OR attach a resume.

Include significant past or related employment and/or volunteer opportunities; list most recent first.

Employer				
Address		City	State	Zip
Supervisor			Phone	
Dates Employed (Mo/Yr)	From:		To:	
Your Position Title				
Job Responsibilities				

Employer				
Address		City	State	Zip
Supervisor			Phone	
Dates Employed (Mo/Yr)	From:		To:	
Your Position Title				
Job Responsibilities				

Employer				
Address		City	State	Zip
Supervisor			Phone	
Dates Employed (Mo/Yr)	From:		To:	
Your Position Title				
Job Responsibilities				

Other Skills and Certifications

Other skills, certifications, or pertinent information to be considered for this position: