¾Ã²ÝÈȾòÝÊÓÆµ of Missouri APPLICATION FOR STUDENT EMPLOYMENT

An Equal Opportunity Employer

(Use Typewriter Or Print Clearly When Completing This Form)

Columbia	Rolla	к	ansas City		St. Louis		System	ſ	
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 Nu	Student Number		
Local Address (Street, City, State, Zip Code)						Local Tele	Local Telephone Number		
Permanent Address (Street, City, State, Zip Code)									
Are you now or have you ever been employed by the Univ.? Yes No					Dates				
Are you related to any member of the Board of Curators? Yes No									
Are you related to anyone now employed by the Univ.? Name and Relationship									
Current hours of enrollment at the 3/4òÝÈĎÆμ of Missouri. Are you eligible to work in the United States? Are you eligible to work in the United States? 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		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
In Case of Emergency, Notify: Address							Telephone Nu	mber	
EDUCATIONAL INFORMATION									
Circle Highest Grade Completed: 1 2	3 4	5 6 7	7 8 9	10 1	11 12	13 14	15 Other	г	
Name of High School	Location			Course of Study		Dates Attended	(From - To)	Diploma/Degree Diploma Degree	
Name of Technical/Vocational School Location				Course of Study		Dates Attended (From - To)		Diploma/Degree Diploma Degree	
Name of College or ¾Ã²ÝÈȾòÝÊÓÆμ Location			(Course of Study		Dates Attended (From - To)		Diploma/Degree Diploma Degree	
Other Location			(Course of Study		Dates Attended	Dates Attended (From - To)		
List Scholastic Honors and Memberships									
Indicate Other Qualifications and Skills, Such as 0	Office Machines, Did	ctation, Technica	al Training						

WORK EXPERIENCE

Firm Name	Employed From: To:						
Address	May We Contact For References?						
Supervisors Name	Telephone Number						
Reason for Leaving	1						
Describe Duties							
Firm Name	Employed From: To:						
Address	May We Contact For References? Yes No						
Supervisor's Name	Telephone Number						
Reason for Leaving							
Describe Duties							
Firm Name	T						
Firm Name	Employed From: To:						
Address	May We Contact For References? 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 ¾Ã²ÝÈ˾òÝÈÓÆμ of Missouri will recruit and employ qualified personnel and will provide opportunities during employment without regard to race, color, religion, sex, sexual orientation, national origin, age, disability or status as a Vietnam era veteran. Anyone having inquiries concerning the ¾Ã²ÝÈȾòÝÊÓÆμ of Missouri's compliance with this nondiscrimination resolution is encouraged to contact the Affirmative Action/Equal Opportunity Office.