University of Missouri APPLICATION FOR STUDENT EMPLOYMENT An Equal Opportunity Employer

(Use Typewriter Or Print Clearly When Completing This Form)

Columbia	Rolla	Kansas City	St. Louis	System
				,

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 N	umber	
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	Supervisor's Name				Dates	Dates		
Are you related to any member of the B of Curators?	Board] No	Name and Relationshi	р						
Are you related to anyone now employed by the Univ.? Yes No		ip							
Current hours of enrollment at the University of Missouri.	Veter	an?] Yes 🔲 No	Are you eligible	e to work in the L	Jnited States? No	Can you provide employment eligit		vhich proves your	r identity and
Beginning with date shown, identify daily hours you would be available.	Begin	ning Date	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
In Case of Emergency, Notify:			Address					Telephone Nur	nber

EDUCATIONAL INFORMATION

Circle Highest Grade Completed: 1 2	3 4 5 6 7 8	9 10 11 12	13 14 15 Oth	er	
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					

COMPLETE WORK EXPERIENCE SECTION

WORK EXPERIENCE

Firm Name	Employed From: To:
Address	May We Contact For References?
Supervisors Name	Telephone Number
Reason for Leaving	
Describe Duties	
Firm Name	Employed From: To:
Address	May We Contact For References?
Supervisor's Name	Telephone Number
Reason for Leaving	•
Describe Duties	
Firm Name	Employed From: To:
Address	May We Contact For References?
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: Ë¿¹ÏÊÓÆµ of Missouri will recruit and employ qualified personnel and will provide equal 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 University of Missouri's compliance with this nondiscrimination resolution is encouraged to contact the Affirmative Action/Equal Opportunity Office.