## 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     |
|----------|-------|-------------|-----------|------------|
|          |       |             |           | , <u> </u> |

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<br>employed by the Univ.? Yes         | ] No          | Supervisor's Name    |                  |                    |                        | Dates                             | Dates     |                   |                |
| Are you related to any member of the B of Curators?                     | Board<br>] 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?<br>] Yes 🔲 No    | Are you eligible | e to work in the L | Jnited States?<br>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<br>From: To:          |
|--------------------|--------------------------------|
| Address            | May We Contact For References? |
| Supervisors Name   | Telephone Number               |
| Reason for Leaving |                                |
| Describe Duties    |                                |
|                    |                                |
| Firm Name          | Employed<br>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: The University of ´óÏóÊÓÆµwill 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.