É«»"ÌÃ APPLICATION FOR STUDENT EMPLOYMENT An Equal Opportunity Employer

(Use Typewriter Or Print Clearly When Completing This Form)

Columbia	umbia Rolla				Ka	ansas City	St. Louis					n		
If you have special needs as application process or need to will be made to accommodate	his app	lication												
				PERSO	ON.	AL INFORM	ATION							
Name (Last, First, Middle Initial)							Student Number							
Local Address (Street, City, State, Zip Code)							Local Telephone No					phone Numbe	r	
Permanent Address (Street, City, State, Z	ip Code)													
Are you now or have you ever been employed by the Univ.? Yes	pervisor's Name									Dates				
Are you related to any member of the Boo of Curators? Yes	ame and Relationship													
Are you related to anyone now employed by the Univ.? Yes	me and Relationship													
Current hours of enrollment at the É«»"ÌÄ. Veteran? Yes No.			No Are you eligible to work in the United States? Can you provide do employment eligibili							ocumentation which proves your identity and ity? Yes No				
Beginning with date shown, identify daily hours you would be available.		Date	Monday Tuesday		Tuesday	Wednesday		Thursday Fr		У	Saturday	Sunday		
In Case of Emergency, Notify:				Address							Telephone Number			
				EDUCA	TIO	NAL INFORM	MATION							
Circle Highest Grade Completed: 1	2	3	4	5 6	7	8 9	10	11	12	13	14	15 Othe	er	
Name of High School Location			on				Course of Study D				Diploma/Degree Diploma Diploma Degree			
Name of Technical/Vocational School	Location					Course of Study			Dates	Dates Attended (From - To) Diploma/Degree Diploma Degree				
Name of College or University			Location					Course of Study			Attended	Diploma/Degree Diploma Degree		
Other Location						Course of Study			Dates	Attended	Diploma/Degree Diploma Degree			
List Scholastic Honors and Memberships						'								
Indicate Other Qualifications and Skills, \$	Such as (Office Mac	nines, Di	ctation, Tech	nnica	al Training								

WORK EXPERIENCE

Firm Name	
1 IIII Name	Employed From: To:
Address	May We Contact For References?
Audiess	Yes No
Supervisors Name	Telephone Number
Reason for Leaving	
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	Employed
	From: To:
Address	May We Contact For References?
	Yes No
Supervisor's Name	Telephone Number
Reason for Leaving	
Describe Duties	
Describe Duttes	
Please Read Carefully and Sign: I certify the above statements are corr	ect and, if employed, I agree that all rules,
orders and regulations of the Board of Curators affecting my employment	
appointment.	
Signature	Data
Signature	Date
Signature	Date
Signature	Date

NOTICE OF NONDISCRIMINATION: The É«»"ÌÃ 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 É«»"ÌÃ's compliance with this nondiscrimination resolution is encouraged to contact the Affirmative Action/Equal Opportunity Office.