



MISSISSIPPI STATE UNIVERSITY™

APPLICATION FOR STUDENT WORKER

I. APPLICANT INFORMATION

APPLICANT FULL NAME: _____

LAST 4 DIGITS OF SSN: _____ DATE OF BIRTH: _____

CAMPUS ADDRESS

RESIDENCE HALL: _____ ROOM NUMBER: _____

LOCAL ADDRESS: _____

CITY/STATE/ZIP: _____

DAYTIME NUMBER: _____ EVENING NUMBER: _____

EMAIL: _____

ARE YOU A CURRENT MISSISSIPPI STATE STUDENT? YES NO

IF YES, MISSISSIPPI STATE 9- DIGIT ID NUMBER: _____

ARE YOU ELIGIBLE FOR COLLEGE WORK STUDY? YES NO

IF YES, HOW MANY HOURS ARE YOU ELIGIBLE TO WORK? _____

PERFERENCE WILL BE GIVEN TO APPLICANTS

ELIGIBLE FOR COLLEGE WORK STUDY

II. EMERGENCY CONTACT

CONTACT NAME: _____

RELATIONSHIP TO YOU: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

DAYTIME NUMBER: _____ EVENING NUMBER: _____

III. APPLICANT'S EDUCATION AND TRAINING

PRESENT CLASSIFICATION:

MAJOR: _____

MILITARY SERVICE?

YES NO

BRANCH: _____

INCLUDE A COPY OF DRILL AND SPECIAL DETAIL DATES

IV. APPLICANT EMPLOYMENT HISTORY

ARE YOU CURRENTLY EMPLOYED?

YES NO

IF YES, WHERE? _____

STARTING WITH YOUR CURRENT OR MOST RECENT EMPLOYMENT AND WORK BACKWARDS. LIST
EACH PLACE OF EMPLOYMENT, INCLUDING DATES OF EMPLOYMENT YOU HAVE HAD.

EMPLOYER NAME: _____

SUPERVISOR NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

JOB DUTIES: _____

REASON FOR LEAVING: _____

START DATE: _____ END DATE _____

EMPLOYER NAME: _____

SUPERVISOR NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

JOB DUTIES: _____

REASON FOR LEAVING: _____

START DATE: _____ END DATE _____

EMPLOYER NAME: _____

SUPERVISOR NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

JOB DUTIES: _____

REASON FOR LEAVING: _____

START DATE: _____ END DATE _____

V. EXTRACURRICULAR ACTIVITIES

ACTIVITY: _____

POSITION HELD: _____

ACTIVITY: _____

POSITION HELD: _____

ACTIVITY: _____

POSITION HELD: _____

VI. PERSONAL BACKGROUND

DO YOU HAVE A DISCIPLINE RECORD WITH THE POLICE DEPARTMENT OR DEAN OF STUDENTS OFFICE? Yes No

IF YES, PLEASE BRIEFLY DESCRIBE THE INCIDENT:

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUTHFUL AND ACCURATE. I UNDERSTAND THAT PROVIDING FALSE OR MISLEADING INFORMATION WILL BE A THE BASIS FOR REJECTION OF MY APPLICATION, OR IF EMPLOYMENT COMMENCES, IMMEDIATE TREMINATION.

SIGNATURE

DATE