

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 Number				
Local Address (Street, City, State, Zip Code)						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				
Are you related to any member of the Board of Curators? ☐ Yes ☐ No		Name and Relationship								
Are you related to anyone now employed by the Univ.? ☐ Yes ☐ No		Name and Relationship								
Current hours of enrollment at the University of Missouri.		Veteran? ☐ Yes ☐ No		Are you eligible to work in the United States? ☐ Yes ☐ No		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 Number		

EDUCATIONAL INFORMATION

Circle Highest Grade Completed:											1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Other
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 University			Location			Course of Study			Dates Attended (From - To)			Diploma/Degree ☐ Diploma ☐ Degree														
Other			Location			Course of Study			Dates Attended (From - To)			Diploma/Degree ☐ 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? ☐ 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	

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
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NOTICE OF NONDISCRIMINATION: The University 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.