

Student Employment Application

Name		Student ID Number
Permanent Address	Campus Box	Social Security Number
City	State	Zip Code
E-mail Address:		
Permanent Telephone Number	Local Number/On-Campus Phone	Are You An International Student? <input type="checkbox"/> yes <input type="checkbox"/> no
I UNDERSTAND THAT MY EMPLOYMENT IS VALID ONLY IF ALL REQUIRED DOCUMENTS HAVE BEEN COMPLETED AND TURNED INTO HUMAN RESOURCES.		

Please call the Human Resources department at (612) 330-1058 if you have questions about this application.

I HAVE BEEN HIRED TO WORK IN THE FOLLOWING DEPARTMENT(S):				
DEPARTMENT NAME:		SUPERVISOR NAME:		BUDGET NUMBER:
				HIRE DATE
				POSITION CODE

By Signing this application, I agree that I may be terminated if my application and documents are not complete.			
Signature of Student:	I have read the Terms of Employment		Date Signed:

Human Resources Office Use Only:

Registered Sex Offender

Websites Checked:

<http://info.doc.state.mn.us/publicviewer/main.asp>

<http://www.doc.state.mn.us/level3/Search.asp>

<http://www.stpaul.gov/depts/polic/sexoff.html>

Information verified by: _____

Check Results

☐ Listed ☐ Not Listed

☐ Listed ☐ Not Listed

☐ Listed ☐ Not Listed

Date: _____

HR Use Only:

W-4 on File: _____

I-9 on File: _____

Date Entered: _____