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**MORGAN STATE UNIVERSITY
STUDENT EMPLOYMENT APPLICATION**

TO BE COMPLETED BY STUDENT

LAST NAME	FIRST NAME	MI
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PERMANENT ADDRESS (PLEASE INCLUDE CITY, STATE, ZIP CODE):	TELEPHONE #: ()	REQUESTING AID FOR: SUMMER _____ YEAR
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SUMMER ADDRESS (PLEASE INCLUDE CITY, STATE, ZIP CODE):	TELEPHONE #: ()	PLAN TO ENROLL FOR SUMMER: SESSION I SESSION II NOT ATTENDING
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EMAIL:	CLASSIFICATION:	MAJOR:	ROOM AND BOARD ON CAMPUS? YES <input type="checkbox"/> NO
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LIST JOB INTEREST (RESUME MUST BE ATTACHED):

HAVE YOU BEEN EMPLOYED BY MSU IN ANY CAPACITY? YES _____ WHERE & WHEN <input type="checkbox"/> NO	WILL YOU HAVE ACCESS TO A CAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT DATE ARE YOU AVAILABLE TO BEGIN WORK?
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PROGRAMS INTEREST:	<input type="checkbox"/> FEDERAL WORKSTUDY (FWS)	<input type="checkbox"/> AMERICA CHALLENGES (AC)	COMMUNITY SERVICE (CS)	<input type="checkbox"/> CAMPUS EMPLOYMENT (CE)
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PLEASE INDICATE THE HOURS YOU ARE AVAILABLE TO WORK (DO NOT INCLUDE SCHEDULED CLASS HOURS).

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING							
EVENING							

I AGREE THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT APPLICATIONS ARE PROCESSED ON A FIRST-COME BASIS. EMPLOYMENT IS NOT GUARANTEED AND I MUST MEET EMPLOYMENT ELIGIBILITY WITH THE STUDENT WORK PROGRAMS.

STUDENT'S SIGNATURE _____	DATE _____
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TO BE COMPLETED BY EMPLOYER

DEPT/AGENCY NAME:	TELEPHONE #:	E-MAIL:
DEPT BUDGET CODE:	FAX #:	
LOCATION:		

EMPLOYMENT TYPE::	<input type="checkbox"/> FEDERAL WORKSTUDY (FWS)	<input type="checkbox"/> AMERICA CHALLENGES (AC)	<input type="checkbox"/> COMMUNITY SERVICE (CS)	<input type="checkbox"/> CAMPUS EMPLOYMENT (CE) AWARD: \$ _____ PAYRATE: \$ _____
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REQUESTED CONTRACT PERIOD: Both SUM SUM 1 SUM 2	REQUESTED HRS PER WEEK:	POSITION TITLE:
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I HAVE INTERVIEWED THE ABOVE APPLICANT AND I AM SUBMITTING THIS APPLICATION FOR STUDENT EMPLOYMENT CONSIDERATION.

SUPERVISOR'S SIGNATURE (PRINT NAME FIRST) _____	VP/CHAIR/DIRECTOR'S SIGNATURE (PRINT NAME FIRST) _____
DATE _____	DATE _____

TO BE COMPLETED BY STUDENT EMPLOYMENT OFFICE

CONTRACT #:	TOTAL HRS PER WEEK:	PAY RATE: \$	AWARD AMOUNT: \$	TYPE OF EMPLOYMENT:	STATUS: APPROVED PENDING DENIED
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CONTRACT STARTING DATE: Phase 1:	CONTRACT ENDING DATE:	INITIAL	DATE
Phase 2:			

COMMENTS: