

MORGAN STATE UNIVERSITY ~ STUDENT EMPLOYMENT APPLICATION

SOC SEC #				-			-			
------------------	--	--	--	---	--	--	---	--	--	--

STUDENT ID #							
---------------------	--	--	--	--	--	--	--

TO BE COMPLETED BY STUDENT- *Complete Application in Full. An Incomplete Application will not be considered.

All Bold Sections must be completed in Full

LAST NAME	FIRST NAME	MI
------------------	-------------------	-----------

PERMANENT ADDRESS (PLEASE INCLUDE CITY, STATE, ZIP CODE):	TELEPHONE #: () -	PLAN TO ENROLL FOR SUMMER: <input type="checkbox"/> SESSION I CREDIT (S) TO BE TAKEN _____
--	------------------------------------	--

SUMMER ADDRESS (PLEASE INCLUDE CITY, STATE, ZIP CODE):	TELEPHONE #: () -	<input type="checkbox"/> SESSION II CREDIT (S) TO BE TAKEN _____
---	------------------------------------	--

MAJOR:	CLASSIFICATION:	EMAIL:	<input type="checkbox"/> NOT ATTENDING
---------------	------------------------	---------------	--

LIST JOB INTEREST (RESUME MUST BE ATTACHED):

HAVE YOU BEEN EMPLOYED BY MSU IN ANY CAPACITY? <input type="checkbox"/> YES _____ <input type="checkbox"/> NO <small>WHERE & WHEN</small>	WILL YOU HAVE ACCESS TO A CAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT DATE ARE YOU AVAILABLE TO WORK?
--	---	---

PROGRAM(S) INTEREST:	<input type="checkbox"/> FEDERAL WORKSTUDY (FWS)	<input type="checkbox"/> TUTORIAL (TU)	<input type="checkbox"/> COMMUNITY SERVICE (CS)	<input type="checkbox"/> CAMPUS EMPLOYMENT (CE)
-----------------------------	--	--	---	---

PLEASE INDICATE THE HOURS YOU ARE AVAILABLE TO WORK (PLEASE 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 _____
---------------------------	------------

TO BE COMPLETED BY EMPLOYER

DEPT AGENCY NAME :	TELEPHONE #:	E-MAIL:
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): \$ _____ & \$ _____ <small>AWARD PAY RATE</small>
-------------------------	--	--	---	---

REQUESTED CONTRACT PERIOD: <input type="checkbox"/> BOTH SUMMER SESSIONS <input type="checkbox"/> SESSION I <input type="checkbox"/> SESSION II	REQUESTED HRS PER WEEK:	POSITION TITLE:
---	--------------------------------	------------------------

I HAVE INTERVIEWED THE ABOVE APPLICANT AND I AM SUBMITTING THIS APPLICATION FOR STUDENT EMPLOYMENT CONSIDERATION.

SUPERVISOR'S SIGNATURE (PRINT NAME FIRST) _____	DATE _____
---	------------

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

TO BE COMPLETED BY STUDENT EMPLOYMENT OFFICE

CONTRACT #:	TOTAL HRS PER WEEK:	PAY RATE: \$	AWARD AMOUNT: \$	TYPE OF EMPLOYMENT:	STATUS: <input type="checkbox"/> APPROVED <input type="checkbox"/> PENDING <input type="checkbox"/> DENIED
--------------------	----------------------------	------------------------	----------------------------	----------------------------	---

EFC: Sum 1:	Unmet Need:	Contract Starting Date:	Contract Ending Date:	INITIAL:	DATE:
Sum 2:					

COMMENTS: