



Application for Student Employment

For Regular & Work Study Students Only

*Graduate Assistants (GAs) / Resident Assistants (RAs)
need to complete Application for Employment*

Full Name:		Student ID Number:	Today's Date:
Address:		City, State, Zip:	
Cell Phone:	Home Phone:	E-mail:	
Emergency Contact Name:	Emergency Phone:	Emergency E-mail:	

Classification: Freshman Sophomore Junior Senior Graduate GPA _____

Are you approved for work study through the Financial Aid Office? Yes No

Are you currently working in another office on SE's Campus? Yes No _____

If not currently, when and where did you work at SE in the past? _____

Are you legally eligible to work in the United States? Yes No

Documentation of your identity and employment eligibility must be provided upon hire as required by the Immigration Reform and Control Act of 1986.

Do you have any relatives employed at SE? Yes No _____
(Name, Relationship, and Department)

How many hours are you able to work per week? _____ (University policy recommends up to 20 hrs/week during semesters)

Class Schedule for Current Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____											
PLACE AN 'X' WHEN YOU ARE AVAILABLE FOR WORK.											
TIME	7-8	8-9	9-10	10-11	11-12	12-1	1-2	2-3	3-4	4-5	After 5 pm
MON											
TUES											
WED											
THURS											
FRI											
SAT											
SUN											

EDUCATION

Name of High School: _____		Year of Graduation: _____	
Colleges or Universities Attended	Major	Dates Attended	Hours/Degree Comp

EMPLOYMENT EXPERIENCE

May we contact your present & past employers? Yes No

Current Employer: _____ Telephone/Email: _____

Employer's Address: _____ Supervisor's Name/Title: _____

Your Position _____ Temporary Part Time Full Time

Specific Duties: _____

Dates Employed: _____ Reason For Leaving: _____

EMPLOYMENT EXPERIENCE CONTINUED

Employer: _____ Telephone/Email: _____

Employer's Address: _____ Supervisor's Name/Title: _____

Your Position: _____ Temporary Part Time Full Time

Specific Duties: _____

Dates Employed: _____ Reason For Leaving: _____

Employer: _____ Telephone/Email: _____

Employer's Address: _____ Supervisor's Name/Title: _____

Your Position: _____ Temporary Part Time Full Time

Specific Duties: _____

Dates Employed: _____ Reason For Leaving: _____

PROFESSIONAL REFERENCES (Please do not list family members as reference)

Name and Relationship: _____

Telephone and Email: _____

Name and Relationship: _____

Telephone and Email: _____

SKILLS INVENTORY Please indicate if you have experience or training in the areas below:

CLERICAL SKILLS	COMPUTER SKILLS	TECHNICAL SKILLS
Accounting/Bookkeeping _____	Access _____	Audio Visual _____
Data Entry _____	E-Mail _____	Computer Programming _____
Editing _____	Excel _____	Computer Repair/Maintenance _____
Filing _____	FrontPage _____	HTML _____
Library _____	Internet _____	Television Broadcasting _____
Notary _____	Microsoft Windows OS _____	Web-Based Skills _____
Payroll/Personnel Records _____	Outlook _____	FAX _____
Receptionist _____	Publisher _____	Multi-line Telephone _____
Technical Typing _____	PageMaker _____	Photo Copier _____
Telephone Sales _____	PowerPoint _____	10-Key _____
Teller _____	Visual Studio _____	PC Printer _____
Other Skills: _____	MSWord _____	Scanners _____
	WordPerfect _____	Voice Mail _____
	List Other Programs: _____	List Other: _____

Please give any other information concerning your qualifications that you think would be of value in considering you for this position. (Special honors, awards, skills, etc.)

Please note that the Campus Police Department reports Clery Act campus crime statistics at Southeastern on their website at www.se.edu/campus-police/crime-statistics for your review (in compliance with the Jeanne Clery Disclosure of Campus Crimes Statistics Act).

The facts set forth in my application for employment are true and complete to the best of my knowledge. I understand the misrepresentation of fact in this application will be sufficient grounds for termination of my employment or cancellation of job offer without notice anytime hereafter. I specifically authorize Southeastern Oklahoma State University (SOSU) to investigate my background, including any and all references available, criminal, and other judicial records, where applicable to the position for which I am applying and consistent with applicable law. I authorize SOSU to use all legal means at its disposal to assess my suitability for employment. I make this authorization in return for SOSU's consideration of me for employment, and I specifically release and hold SOSU harmless for any and all liabilities arising out of its investigation of my application for employment.

DATE _____

SIGNATURE OF APPLICANT _____

Southeastern Oklahoma State University in compliance with Title VI and VII of the Civil Rights Act of 1964, Executive Order 11246 as amended, Title IX of the Education Amendments of 1972, Americans with Disabilities Act of 1990, and other federal laws and regulations, does not discriminate on the basis of race, color, national origin, sex, age, religion, disability, or status as a veteran in any of its policies, practices, or procedures. This includes but is not limited to admissions, employment, financial aid, and educational services.