

Environmental Health & Safety Department
Student Employment Application
Room 120 Physical Plant Services Bldg.

EHS, in compliance with Title VI and Title VII of the Civil Rights Act of 1964 and Title IX of Education Amendments of 1972 (Higher Education Act), does not discriminate on the basis of race, color, religion, national origin, sex, qualified handicap or disability in any of its policies, practices or procedures.

NAME: (As shown on Social Security Card)

(Last) _____ (First) _____ (Middle) _____

Campus ID No.: _____

Local Phone: _____ **Cell Phone:** _____

Local Address

(Street) _____ (City) _____ (State) _____ (Zip) _____

Permanent Address

(Street) _____ (City) _____ (State) _____ (Zip) _____

Citizenship Status (Check One)

U.S. Citizen (___) Resident Alien / Green Card (___) Non-Resident Alien / Work Permit (___)

Education

High School: _____ **Location:** _____ **Year Graduated:** _____

Other Special Training: Type of Study: _____

Location: _____ Certificate Received: _____

Classification: (Check One)

Freshman Sophomore Junior Senior Graduate

Major: _____

Times Not Available for Work

Positions are a maximum of 20.00 hours per week during fall and spring semesters. Events requiring First Aid Responders will generally occur on weekends. However, some events, especially Spring sports, occur on weeknights as early as 5:00. List below the times you will NOT be available to work.

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Employment History – List most recent employment first

Are you currently employed by OSU: No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, where?
Number of hours you are working per week:
Do you plan to terminate current employment: No <input type="checkbox"/> Yes <input type="checkbox"/> When
Have you worked for EHS before? No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, when were you employed?

Previous Employment Please list your past two jobs including duties, contact person and phone number.

Company Name	
Company Phone Number: ()	Supervisor's Name:
Dates of Employment: From: (year/month)	To: (year/month)
Job Title:	Duties:
Reason for leaving:	

Company Name	
Company Phone Number: ()	Supervisor's Name:
Dates of Employment: From: (year/month)	To: (year/month)
Job Title:	Duties:
Reason for leaving:	

Explain how your skills make you a good candidate for this job:
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Have you ever been convicted for any violation of the law other than for minor traffic violations?
No ; Yes ; If Yes, please explain:

A conviction record in and of itself will not necessarily bar an applicant from employment. I understand that 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 hereby authorize Oklahoma State University to investigate these statements without liability arising there from.

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

Signature: _____ Date: _____