

### K-STATE SALINA STUDENT EMPLOYMENT APPLICATION

*This form must be completed and returned to the Career Service Office, KSU-Salina each semester for updating.*

**PRINT NAME** \_\_\_\_\_  
(Last) (First) (Middle)

**PERMANENT ADDRESS** \_\_\_\_\_

**KSU eid** \_\_\_\_\_ (Street) (City) (State/Zip)

**PHONE #** \_\_\_\_\_

**SCHOOL ADDRESS** \_\_\_\_\_

(Street) (City) (State/Zip)

**PHONE #** \_\_\_\_\_

**EMERGENCY CONTACT** \_\_\_\_\_

(Voluntary) (Name)

**PHONE #** \_\_\_\_\_

If employed, can you provide proof of U.S. citizenship, or visa status, which permits you to be employed in the U.S.?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ U.S. Citizen \_\_\_\_\_ Type of Visa

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Where? \_\_\_\_\_ When? \_\_\_\_\_

Reason? \_\_\_\_\_

Are you eligible for work-study? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the amount? \_\_\_\_\_

**(If unknown, please contact the Financial Aid Coordinator in the College Center, Salina KS)**

Field of study \_\_\_\_\_ Year in school \_\_\_\_\_

Number of hours currently enrolled \_\_\_\_\_

Anticipated graduation date \_\_\_\_\_

How long do you wish employment? \_\_\_\_\_ Years \_\_\_\_\_ Months

How many hours per week can you work? \_\_\_\_\_

What date are you available to begin work? \_\_\_\_\_

Willing to work: (please circle those that apply)

Summer School vacations Legal holidays Spring Semester Evenings Weekends Fall Semester

Do you have a valid Kansas Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, have you applied? \_\_\_\_\_

Type of work desired? \_\_\_\_\_

**Please list the times that you will be available to work each day:**

**Monday:**

**Tuesday:**

**Wednesday:**

**Thursday:**

**Friday:**

**Saturday:**

**Sunday:**

**EXPERIENCE:**

**Place/Dates**

**Supervisor/Phone**

1. \_\_\_\_\_

Responsibilities: \_\_\_\_\_

2. \_\_\_\_\_

Responsibilities: \_\_\_\_\_

3. \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Other Skills or Abilities that you possess that are of importance to Departments you are applying for work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:** (those whom we may contact regarding your past work performance)

NAME	ADDRESS	CITY/STATE	PHONE NUMBER
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I hereby grant K-State Salina permission to contact each of my former employers and references. Permission is also granted to my former employers and references to give K-State Salina all information they may have with respect to such matters. Career Services, K-State Salina will hold all applications for viewing by departments on a secured website. Applications must be updated each semester. To the best of my knowledge, all answers and information listed are correct and true.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Prior to becoming employed on-campus, a student will need to furnish Employment Eligibility Verification

**Notice of Nondiscrimination**

Kansas State University is committed to a policy of nondiscrimination on the basis of race, sex, national origin, handicap, or other non-merit reasons, in admissions, educational programs or activities, and employment, all as required by applicable laws and regulations. Responsibility for coordination of compliance efforts and receipt of inquiries, including those concerning Title IX of the education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973, has been delegated to Jane Rowlett, Ph.D., Director, University Compliance and Unclassified Affairs, 112 Anderson Hall, Kansas State University, Manhattan, KS 66506.