

APPLICATION FOR STUDENT EMPLOYMENT

PLEASE PRINT OR TYPE

File form with employing agency.

An Equal Opportunity Employer

PERSONAL	Name of Applicant			Position Applied For			Telephone No. () - -		
	Address			City		State	Zip Code	Date of Birth	Social Security No.
	YES	NO	In the section below, if the answer is YES, you are required to answer the accompanying question. A YES answer to this question will not automatically bar you from employment.						
	<input type="checkbox"/>	<input type="checkbox"/>	1. In the past five (5) years, have you been removed from a position as a result of misconduct or resigned to avoid such removal?			1. If yes, give name and address of employer(s) and reason(s) for separation.			

EDUCATION	2. Are you now a full time regular student? <input type="checkbox"/> YES <input type="checkbox"/> NO		3. School, college or university you are now attending. NAME _____ ADDRESS _____						
	4. Current Grade/Classification			Other School			5. If you are not presently attending school		
	High School						MO YEAR		
	College						A. When were you last registered?		
Graduate School _____ 1 st yr _____ 2 nd yr						B. When do you plan to return to school?			

6. LIST PREVIOUS WORK EXPERIENCE ON PART 2

AUTHORIZATION	<p>I have completed this application with the knowledge and understanding that any or all items contained herein may be subject to investigation prescribed by law and I consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, hospitals and other individuals and agencies to duly accredited investigators, personnel technicians and other authorized employees of the state government for that purpose.</p> <p>I certify that the answers I have given to all questions in this application are true to the best of my knowledge. If I am appointed, I agree to promptly notify the proper agency official of any change in my status as a student, including any reduction in courses taken, termination of student status, or scholastic probation.</p>								
	Signature of Applicant							Date	

REPORT OF SCHOOL OFFICIAL

Yes	No	THE RECORDS OF THIS SCHOOL INDICATE THAT THE APPLICANT NAMED HEREIN								
<input type="checkbox"/>	<input type="checkbox"/>	A. Is classified as a full-time regular student of this school under its criteria						D. Current Grade/ Classification		
<input type="checkbox"/>	<input type="checkbox"/>	B. Has completed his course and received a diploma or certificate or has graduated								
<input type="checkbox"/>	<input type="checkbox"/>	C. Has applied for enrollment in this school effective (give date)								
<input type="checkbox"/>	<input type="checkbox"/>	Is your school accredited?								
<input type="checkbox"/>	<input type="checkbox"/>	Is your school approved by the state in which it is located?								
Name of School					Address					
Signature of School Official				Title			Date			

AGENCY REVIEW OF STUDENT STATUS

Date Reviewed	Initials	Date Reviewed	Initials	Date Reviewed	Initials	Date Reviewed	Initials	Date Reviewed	Initials	Date Reviewed	Initials
1.		2.		3.		4.		5.		6.	
<p>The following information is collected to compile equal opportunity reports, as required by law. You ARE NOT legally obligated to provide this information.</p>											
Racial Group						SEX					
<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Other	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
Ethnic Group											
<input type="checkbox"/> Hispanic or Latino						<input type="checkbox"/> Non-Hispanic or Non-Latino					

PART 2

PRESENT AND PREVIOUS EMPLOYMENT –Start with Present or Most Recent Position				
EMPLOYMENT HISTORY	DATE (Month/ Year)		NAME AND ADDRESS OF EMPLOYER	POSITION
	From	To		
Have you worked under another name? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give name(s).			May inquiry be made of your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO May inquiry be made of your former employers? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you have a legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	

MAY PUT ADDITIONAL WORK EXPERIENCE BELOW.

Area of Interest (1= 1st choice, 2= 2nd choice, etc.)

- Agro-Consumer Services (ACS)*
- Agricultural Environmental Services (AES)*
- Animal Health and Food Safety (AHFS)*
- Forestry (FOR)*
- Office of Management and Finance (OMF)*
- Soil and Water Conservation Districts (S&W)*