SF 10D Rev. 4/03

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| APPLICATION FOR STUDENT EMPLOYMENTPLEASE 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 to items 1,2, or 3 is YES, you are required to answer the accompanying questions. A YES answer to these questions will not automatically bar you from employment.** |
|  | [ ]  | [ ]  | 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.      |
|  | [ ]  | [ ]  |  2. Within the past five (5) years, have you been convicted of any law violation? (Exclude minor traffic violations.) | 2. & 3. If yes, give law enforcement authority (city police, sheriff, FBI, etc.) offense, date of offense, place and sentence.      |
|  | [ ]  | [ ]  | 3. Have you ever been convicted of a felony? |  |
| EDUCATION | 4.Are you now a full time regular student?[ ]  YES [ ]  NO | 5. School, college or university you are now attending.NAME ADDRESS            |
|  | 6. Current Grade/Classification High School      College      Graduate            School \_\_\_\_\_\_\_\_\_1st yr\_\_\_\_\_\_\_\_\_\_\_\_2nd yr | Other School      | 7. If you are not presently attending school |
|  |  |  |  MO YEAR |
|  |  |  | A. When were you last registered? |    |      |
|  |  |  | B. When do you plan to return to school? |    |      |
| **8. LIST PREVIOUS WORK EXPERIENCE ON PART 2** |
| AUTHORIZATIONON | 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.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. |
|  | Signature of Applicant | Date |
| **REPORT OF SCHOOL OFFICIAL** |
| **Yes** | **No** | THE RECORDS OF THIS SCHOOL INDICATE THAT THE APPLICANT NAMED HEREIN |
| [ ]  | [ ]  | A. Is classified as a full-time regular student of this school under its criteria D. Current Grade/ Classification |
| [ ]  | [ ]  | B. Has completed his course and received a diploma or certificate or has graduated       |
| [ ]  | [ ]  | C. Has applied for enrollment in this school effective (give date) |
| [ ]  | [ ]  | Is your school accredited? |
| [ ]  | [ ]  | 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 Reviewed1. | Initials | Date Reviewed2. | Initials | Date Reviewed3. | Initials | Date Reviewed4. | Initials | Date Reviewed5. | Initials | Date Reviewed6. | Initials |
| The following information is collected to compile equal opportunity reports, as required by law. You **ARE NOT** legally obligated to provide this information. |
|  Racial Group SEX |
| [ ]  White | [ ]  Black or African American | [ ] American Indian/Alaskan Native | [ ] Asian | [ ]  Hispanic or Latino | [ ]  Native Hawaiian or other Pacific Islander | [ ]  Other | [ ]  Male | [ ]  Female |
|  Ethnic Group |
| **[ ]** Hispanic or Latino [ ]  Non-Hispanic or Non-Latino |

#### PART 2

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| EMPLOYMENT HISTORY | **PRESENT AND PREVIOUS EMPLOYMENT –Start with Present or Most Recent Position** |
|  | DATE (Month/ Year) | NAME AND ADDRESS OF EMPLOYER | POSITION |
|  | From | To |       |  |
|  |       |       |       |       |  |  |
|  |       |       |       |       |       |  |
|  |       |       |       |       |       |  |
|  |       |       |       |       |       |  |
|  | Have you worked under another name? [ ]  YES [ ]  NOIf yes, give name(s). | May inquiry be made of your present employer? [ ] YES[ ]  NOMay inquiry be made of your former employers? [ ]  YES [ ]  NO |
|  |  | Do you have a legal right to workIn the United States? [ ]  YES [ ]  NO |

**MAY PUT ADDITIONAL WORK EXPERIENCE BELOW.**