SF 10D Rev. 12/16

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.	
☐	☐	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? ☐ YES ☐ NO	3. School, college or university you are now attending. NAME ADDRESS	
4. Current Grade/Classification High School College Graduate School _____1st yr_____2nd yr	Other School	5. If you are not presently attending school A. When were you last registered? MO YEAR B. When do you plan to return to school?

6. 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 Reviewed 1.	Initials	Date Reviewed 2.	Initials	Date Reviewed 3.	Initials	Date Reviewed 4.	Initials	Date Reviewed 5.	Initials	Date Reviewed 6.	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

EMPLOYMENT HISTORY

PRESENT AND PREVIOUS EMPLOYMENT –Start with Present or Most Recent Position

DATE (Month/ Year) From	DATE (Month/ Year) To	NAME AND ADDRESS OF EMPLOYER	POSITION

Have you worked under another name? ☐ YES ☐ NO
If yes, give name(s).

May inquiry be made of your present employer?
☐YES☐ NO
May inquiry be made of your former employers?
☐ YES ☐ NO

Do you have a legal right to work In the United States? ☐ YES ☐ NO

MAY PUT ADDITIONAL WORK EXPERIENCE BELOW.