

## **Application for Student Employment**

Name of Applicant	Email Address Telephone Number		
Home Address	City	State	Zip Code

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 5 years, have you misconduct or resigned to a	u been removed from a position as a result of void such removal?	1A. If yes, give the name a separation:	1A. If yes, give the name and address of the employer(s) and the reason(s) for separation:		
	YES	NO				
2.	Are you now a full-time, reg	ular student?	3. School, college	, or university you are now attending or last attended:		
	YES	NO				
			Name	Address		
4.	Current Grade/Classification		Other School:	<ol><li>If you are not presently attending school:</li></ol>		
	High School					
	College			When were you last registered? (MM/YYYY)		
	Graduate School			When do you plan to return to school? (MM/YYYY)		
6.	Do you have any relatives w	orking at LSU Health New Orleans?	7. If YES, please provide the person's full name and relationship:			
	YES	NO				

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. I understand that the position of Student Worker is an "at will" appointment and I may be terminated at any time.

Signature of Applicant:

Date:

		TO BE COMPLETED BY 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 year under its criteria D. Current Grade/Classification:
		B. Has completed their 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 R	eview of St	udent Status					
Date Reviewed	Initials	Date Reviewed	Initials	Date Reviewed	Initials	Date Reviewed	Initias	Date Reviewed	Initials	Date Reviewed	Initials

## **Employment History**

	PRESENT AND PREVIOUS EMPLOYMENT - Start with present/most recent position	
ith/Year)	NAME AND ADDRESS OF EMPLOYER	POSITION
То		
	nth/Year) To	th/Year) NAME AND ADDRESS OF EMPLOYER

Have you worked under another name?	YES	NO	May inquiry be made of your present employer?	YES	NO
If yes, give name(s):			May inquiry be made of your former employer?	YES	NO
			Do you have a legal right to work in the United States?	YES	NO

8. Please provide additional information relative to skills or work experience that might enhance your qualifications:

## 9. List the hours you are available to work:

Monday:	 
Tuesday:	 
Wednesday:	 
Thursday:	 
Friday:	 

10. Indicate your major field of study \_\_\_\_\_\_

11. Computer Skills:

Microsoft Office Suite
Adobe
Moodle
PeopleSoft
Access
Other (please list)