

Application for Student Employment

										An Equal OpportunityEmployer			
Name of Applicant					Email Address					Te	Telephone Number		
				A 1.1				0''		0, ,		7' 0 1	
				Address				City		State	4	Zip Code	
			the answer matically bar			s, you are re	quired to ans	swer the acc	companying o	questions . A	YES answe	er to these	
In the past five (5) years , have you been removed from a position as a result of misconduct or resigned to avoid such removal? Yes No				It of	1A. If yes , give name and address of employer(s) and reason(s) for separation.								
Are you now a full-time regular student? Yes No				nt? 3.	School, college or university , you are now attending or last attended: Name Address								
4. Cu	rrent Gi	rade/Classific	ation	Ot	Other School 5.If you are not prese					resently atten	sently attending school		
	gh Scho				and Contool						you last registered		
Co	ollege								Date (Mo	onth/Year)			
Graduate School					B. When do yo Date (Mon				ou plan to return to school nth/Year)				
Do you have any relatives working at LSUHSC - NO? Yes No				7.	7. If yes, please provide the person's full name and relationship								
				s as a studen							or scholastic probation. I understand that		
					TO BE C	OMPLETED	BY SCHOOL	OFFICIAL					
Yes	No	THE RECO	ORDS OF THIS	S SCHOOL IN	NDICATE THA	T THE APPLI	CANT NAME) HEREIN					
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.	D. Current Grade/Classification						
B. Has completed his/ her 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?											
Nam	e of Sch	nool		Δ	Address								
Signature of School Official				Т	Title					Di	Date		
					AGENO	CY REVIEW O	F STUDENT	STATUS					
Date Reviewed		Initials	Date Reviewed	Initials	Date Reviewed	Initials	Date Reviewed	Initials	Date Reviewed	Initials	Date Reviewed	Initials	
_	· <u></u>	·											

Name:

Employment History

					ent mistory			
		PRESE			- Start with Present and			
DATE (Mon	nth/Year)		NAME AND AD	DRESS OF EMPLO	POSITION			
From	То							
Наус уси и	orkod undor	another name?	□ VEQ	□NO	Marria arriar ha arrada a	-f	YES	
Have you worked under another name? YES NO If yes, give name(s)			Пио	May inquiry be made of your present employer? May inquiry be made of your former employer?				
						ght to work in the United States?	YES	□NC
. I lease pro	viac additions	a inionnation rela	ive to skills of wor	K experience that in	ight enhance your qualifi	ications.		
9. List the	hours you are	e available to work						
Monday:								
Worlday.								
Tuesday	: <u> </u>							
Wednesd	ay:							
Thursday								
Triursuay	y							
Friday:								
10. Indicate	your major fi	eld of study						
11. Comput	ter Skills:							
Joinpu	Microsoft (Office Suite						
	ACIONA							

Adobe Moodle PeopleSoft Access Other, please list