



## STUDENT EMPLOYMENT APPLICATION

PERSONAL INFORMATION						
LAST NAME		FIRST NAME		M.I.	STUDENT ID NUMBER - <b>NOT SSN</b>	
MAJOR(S) & EXPECTED GRADUATION DATE		STUDENT STATUS: <input type="checkbox"/> FRESHMAN <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> JUNIOR				
		<input type="checkbox"/> SENIOR <input type="checkbox"/> GRADUATE				
E-MAIL ADDRESS			CURRENT AGE			
HOME ADDRESS			CAMPUS / LOCAL ADDRESS			
STREET			STREET			
CITY	STATE	ZIP	CITY	STATE	ZIP	
PHONE (        )        -			PHONE (        )        -			
EMPLOYMENT INFORMATION						
HAVE YOU PREVIOUSLY WORKED AT UD? <input type="checkbox"/> YES <input type="checkbox"/> NO			HAVE YOU RECEIVED A WORK-STUDY GRANT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE YOU AUTHORIZED TO WORK LAWFULLY IN THE UNITED STATES FOR THE UNIVERSITY OF DELAWARE? <input type="checkbox"/> YES <input type="checkbox"/> NO						
WILL YOU NOW OR IN THE FUTURE REQUIRE THE UNIVERSITY OF DELAWARE TO COMMENCE AN IMMIGRATION CASE IN ORDER TO EMPLOY YOU? IF YES, WHAT SPONSORSHIP WOULD YOU REQUIRE? _____						
WHICH POSITION(S) ARE YOU APPLYING FOR?					HOW MANY HOURS PER WEEK ARE YOU AVAILABLE TO WORK?	
PLEASE INDICATE THE SEMESTER FOR THE HOURS <input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER <b>BELOW</b>						
PLEASE INDICATE WHICH HOURS YOU <u>CAN WORK</u> EACH DAY						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

PLEASE ALSO COMPLETE SECOND PAGE

SPECIAL JOB SKILLS	
SKILL	PLEASE DESCRIBE
<input type="checkbox"/> TYPING	
<input type="checkbox"/> COMPUTING	
<input type="checkbox"/> LANGUAGES	
<input type="checkbox"/> OTHER	

WORK RELATED EXPERIENCE / VOLUNTEER WORK		
EMPLOYER NAME AND ADDRESS	JOB TITLE AND RESPONSIBILITIES	DATES EMPLOYED
		FROM:
		TO:
		HOURS PER WEEK:
EMPLOYER NAME AND ADDRESS	JOB TITLE AND RESPONSIBILITIES	DATES EMPLOYED
		FROM:
		TO:
		HOURS PER WEEK:

PLEASE SIGN BELOW	
SIGNATURE: _____	DATE: _____
<p>My signature affirms that the information on this application form is accurate. Note: Employment offers will be conditioned upon successful completion of a criminal background check. A conviction will not necessarily exclude you for employment.</p>	

RETURN TO: Conference Services, 100 David Hollowell Drive, Newark, DE 19716 or email as attachment to: [ctuzzol@udel.edu](mailto:ctuzzol@udel.edu)

OFFICE USE ONLY:		
<input type="checkbox"/> Background Check Submitted <input type="checkbox"/> Onboarding Complete <input type="checkbox"/> Copy of SS Card <input type="checkbox"/> Photo ID <input type="checkbox"/> I-9 Completed and Signed <input type="checkbox"/> W-4 Form Complete <input type="checkbox"/> Bayh-Dole Act Letter Signed <input type="checkbox"/> Direct Deposit Form w/Void Check	Reviewed by & Date:	JED Req# & Date:
	Comments	