



## Application for Student Employment

Name		HU ID#
Campus Address		Campus or Cell Phone #
Home Address		Home Phone #
City	State/Zip	E-mail
Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you eligible to work in the United States of America? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you participate in the Federal Work Study program? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you participate in the Walton Scholarship Program? Yes <input type="checkbox"/> No <input type="checkbox"/>	What is your classification? Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/>	
Have you ever been employed at the University? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "yes," what position and time period	
Do you have any relatives employed by Harding University? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name & Relationship of relative	
Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes," describe briefly including dates		

Please check the hours you would be AVAILABLE for work during the school year.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Before 6:00 am							
6:00 am							
7:00 am							
8:00 am							
9:00 am							
10:00 am							
11:00 am							
12:00 noon							
1:00 pm							
2:00 pm							
3:00 pm							
4:00 pm							
5:00 pm							
6:00 pm							
After 6:00 pm							

When would you be available to start work? \_\_\_\_\_ End work? \_\_\_\_\_

How many hours would you like to work per week? \_\_\_\_\_

Would you be able and willing to work 40 hours per week during breaks? Yes  No

-Please complete the back page-

**Check box for each job preference.**

- |  |                                     |   |                                     |                                   |
|--|-------------------------------------|---|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Food Services | <input type="checkbox"/> Custodial  | <input type="checkbox"/> Bookkeeping        | <input type="checkbox"/> Deliveries | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Telemarketing | <input type="checkbox"/> Office     | <input type="checkbox"/> Public Safety      | <input type="checkbox"/> Computer   | <input type="checkbox"/> Library  |
| <input type="checkbox"/> Laboratory    | <input type="checkbox"/> Recreation | <input type="checkbox"/> Physical Resources | <input type="checkbox"/> Technical  | <input type="checkbox"/> Odd Jobs |

Please list specific position applying for (if any): \_\_\_\_\_

**Work History** – List in order, beginning with the most recent position you have held.

Name/Address of Employer	Position	Dates		Duties (brief description)
		From	To	

<b>Have you ever been dismissed from employment?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If yes, why?</b>
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**AGREEMENT**

I understand that this application will be given every consideration but is not a promise of employment. I understand that if hired, my employment will be for no definite period. I further understand that I have the right to terminate my employment at any time, and Harding University has the same right.

I certify that all answers to the questions in this application are true, and I further understand that any false statement and/or omission in this application will be sufficient grounds for rejection of the application or for termination of employment without notice. I authorize Harding University to make any and all necessary and appropriate investigations to verify the information contained herein, including criminal records and work experience checks. References obtained are done so in confidence, and I understand that my rights to review any reference material are waived. I also understand prior to employment, I must provide information related to identity and employability. Failure to provide appropriate documentation for verification of employment eligibility may result in immediate termination of employment.

In signing this document, I hereby certify that I have read the above information, that I understand the above information, and that I agree to abide by the above information.

\_\_\_\_\_  
**Applicant's Name (print)**

\_\_\_\_\_  
**Applicant's Signature**

**Date** \_\_\_\_\_