

APPLICATION FOR STUDENT EMPLOYMENT

Are you an international student?

YES NO

International students must have campus DSO approval for student worker eligibility AND a social security number.*

By accepting this work assignment you also understand and agree to State of Minnesota policy <u>HR/LR #1446 COVID-19 Proof of Vaccination and Testing</u> which may require either an attestation of COVID vaccination or conducting weekly COVID testing if COVID conditions change during the school year.

Student Name	Student ID#
Local Address	
City, State, Zip	Phone Number
Major at MSCTC	
· ·	Please Check) 1st Year 2nd Year
STUDENT	FEMPLOYMENT POSITION INFORMATION
Preferred Department	
List experience and skills useful in	placing you
List office equipment you can oper	rate
Are you eligible for work study, pe	er your FAFSA on file? YES NO UNSURE
Are you currently meeting Satisfac	ctory Academic Progress? YES NO
HOURS AVAILABLE TO WORK	X: Must list hours available for department consideration.
MONDAY	TUESDAY WEDNESDAY
THURSD	AYFRIDAY
	PRIOR EDUCATION/TRAINING
School Name and Address	
School Name and Address	
Program/Course Work	
Dates Attended	
Dutes rittended	WORK EXPERIENCE
Present/Last Employer	Job Title
Employer's Address, City, State	
Supervisor's Name	Dates Employed
Duties	
READ AND SIGN: To the best of my	y knowledge, the information included in this application is true. I also
	l below required number of credits, or cancel my registration, my student
employment appointment is no longer student employment (students can veri	valid. Students must have their official financial aid award before applying for
Student Signature:	Date
0	1 Equal Opportunity Employer/Educator
Financial Aid Office Use: Work S	
*If applicable:	
DSO/PDSO Signature:	Date