



Louisiana State University Health Sciences Center – New Orleans

Application for Student Employment

Revised (08/08)

PLEASE PRINT OR TYPE

File form with employing agency

An Equal Opportunity Employer

Name of Applicant Position Applied For Telephone Number

Address City State Zip Code Date of Birth Social Security No.
(for identification only)

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 five (5) years, have you been removed from a position as a result of misconduct or resigned to avoid such removal? Yes No	1. If yes, give name and address of employer(s) and reason(s) for separation.		
2. Within the past five (5) years, have you been convicted of any law violation? (Exclude minor traffic violations) Yes No	2 & 3. If yes, give law enforcement authority (city police, sheriff, FBI, etc.) offense, date of offense, place and sentence.		
3. Have you ever been convicted of a felony? Yes No			
4. Are you now a full-time regular student? Yes No	5. School, college or university, you are now attending or last attended: Name Address		
6. Current Grade/Classification High School College Graduate School	Other School	7. If you are not presently attending school A. When were you last registered Date (Month/Year) B. When do you plan to return to school Date (Month/Year)	
8. Do you have any relatives working at LSUHSC - NO? Yes No	8. If yes, please provide the person's full name and relationship		

9. LIST PREVIOUS WORK EXPERIENCE ON REVERSE SIDE (2ND PAGE) OF THIS SHEET.

I have completed this application with the knowledge and understanding that any or all items contained herein may be subject to investigation prescribed by law, and I consent to the release of information concerning my capacity and fitness by employer, educational institutions, law enforcement agencies, hospitals, and other individuals and agencies to duly accredited investigators, personnel technicians, and other authorized employees of the state government for that purpose.

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 under its criteria	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?	

Name of School

Address

Signature of School Official

Title

Date

AGENCY REVIEW OF STUDENT STATUS

Date Reviewed	Initials	Date Reviewed	Initials	Date Reviewed	Initials	Date Reviewed	Initials	Date Reviewed	Initials	Date Reviewed	Initials

The following information is collected to compile equal opportunity reports, as required by law. You **ARE NOT** legally obligated to provide this information.

RACIAL/ETHNIC GROUP

Caucasian African American American Indian Asian/Pacific Islander Hispanic Eskimo/Aleutian

SEX

Male Female

Name:

Employment History

PRESENT AND PREVIOUS EMPLOYMENT – Start with Present and most recent position

DATE (Month/Year)		NAME AND ADDRESS OF EMPLOYER	POSITION
From	To		

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

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

11. List the hours you are available to work.

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

12. Indicate your major field of study _____

13. Typing speed: _____

14. List Computer Skills: