

# APPLICATION FOR STUDENT EMPLOYMENT LSU HEALTH-SHREVEPORT

PLEASE PRINT OR TYPE

File form with employing agency.

An Equal Opportunity Employer

<b>PERSONAL</b>	Legal Name of Applicant (First MI Last)		Address		Date of Birth	
	Telephone Number ( ) - ( ) -		Alternate Telephone Number ( ) - ( ) -		City, State Zip	Email Address
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	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?		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.)		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?				

<b>EDUCATION</b>	4. Are you now a full time regular student? <input type="checkbox"/> YES <input type="checkbox"/> NO		5. School, college or university you are now attending. NAME ADDRESS		
	6. Current Grade/Classification High School College Graduate School 1 <sup>st</sup> yr 2 <sup>nd</sup> yr		Other School		7. If you are not presently attending school MO YEAR
					A. Date you were last registered? / / B. When do you plan to return to school? / /

**8. LIST PREVIOUS WORK EXPERIENCE ON PART 2**

<b>AUTHORIZATION</b>	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 employers, 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.		
	Signature of Applicant	Social Security Number (For Identification Only)	Date

**REPORT OF SCHOOL OFFICIAL  
PLEASE SIGN AND AFFIX SCHOOL SEAL TO VERIFY FULL-TIME STUDENT STATUS**

Yes	No	THE RECORDS OF THIS SCHOOL INDICATE THAT THE APPLICANT NAMED HEREIN	
		A. Is / was classified as a full-time regular student of this school under its criteria for the <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall	
		B. Has completed his course and received a diploma or certificate or has graduated effective ____/____/____	
		C. Has applied for enrollment in this school effective ____/____/____	
		D. Current Grade/ Classification	
		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	Telephone Number Date

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

**SEX:**  Male  Female      **ETHNIC GROUP:**  Hispanic or Latino  Non-Hispanic or Non-Latino

**RACIAL GROUP:**  African American or Black       American Indian/Alaskan Native       Asian       Caucasian or White       Hispanic or Latino       Native Hawaiian or other Pacific Islander

**PART 2**

<b>PRESENT AND PREVIOUS EMPLOYMENT –Start with Present or Most Recent Position</b>				
<b>EMPLOYMENT HISTORY</b>	DATE (Month/ Year)		NAME AND ADDRESS OF EMPLOYER	POSITION
	From	To		

Have you worked under another name?  YES  NO      If yes, list name(s)

Do you have a legal right to work In the United States?  YES  NO

May inquiry be made of your present employer?  YES  NO

May inquiry be made of your former employers?  YES  NO

Major Field of Study: \_\_\_\_\_

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

Computer skills include: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Other skills to consider: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Typing speed: \_\_\_\_\_ 10-key: \_\_\_\_\_

10. List the hours you are available to work.

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_ Other: \_\_\_\_\_

**LSU Health Shreveport – Human Resource Management**

**AGENCY REVIEW OF STUDENT STATUS**

1. Department	Requestor	2. Department	Requestor	3. Department	Requestor	4. Department	Requestor
Date Reviewed	HR Initials	Date Reviewed	HR Initials	Date Reviewed	HR Initials	Date Reviewed	HR Initials