

OKLAHOMA STATE UNIVERSITY INSTITUTE OF TECHNOLOGY

Application for Temporary and Work Study Employment

Oklahoma State University Institute of Technology (OSUIT) in compliance with Title VII of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1974 (Higher Education Act) does not discriminate on the basis of race, color, national origin or sex in any of its policies, practices or procedures. This provision includes but is not limited to admission, employment financial aid and educational services. In addition, OSUIT does not discriminate on the basis of religion, age, veterans' status or qualified disability.

PLEASE TYPE OR PRINT.

LAST NAME:	FIRST NAME:	MIDDLE NAME:	OTHER NAMES USED:	DATE OF BIRTH:
ADDRESS:		CITY, STATE, ZIP		
PRIMARY CONTACT NUMBER:	ALTERNATE CONTACT NUMBER:	EMAIL ADDRESS:		
ARE YOU UNDER 16 YEARS OF AGE? (If yes, your will be required to obtain a Certificate of Age and School issued by the school principal)		ARE YOU AT LEAST 18?		
ARE YOU PRESENTLY LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? (You will be required to provide proof of your identity and employment eligibility if you are hired)				
POSITION APPLIED FOR	SKILLS	MACHINES AND INSTRUMENTS OPERATED		
HAVE YOU EVER WORKED, OR ARE CURRENTLY WORKING FOR OSU? IF YES, LIST DATES, TITLE AND DEPARTMENT				
DO OTHER MEMBERS OF YOUR IMMEDIATE FAMILY WORK FOR OSU? IF YES, PLEASE LIST				

SOCIAL SECURITY NUMBER:

NOTE: All offers of employment, whether continuous or temporary, will be contingent upon a successful and approved background check.

EDUCATION

NAME AND ADDRESS OF INSTITUTION	COURSE OR MAJOR SUBJECT	DATES ATTENDED		HOURS/DEGREE
		FROM	TO	
HIGH SCHOOL				
TRADE BUSINESS SCHOOL OR OTHER				
COLLEGE OR UNIVERSITY				

EMPLOYMENT EXPERIENCE

LIST LAST FOUR POSITIONS HELD, STARTING WITH PRESENT POSITION.

DATES FROM/TO	NAME AND ADDRESS OF EMPLOYER	REASON FOR LEAVING	SUPERVISOR'S NAME TITLE AND PHONE
JOB TITLE AND DUTIES			

MAY WE CONTACT THE EMPLOYER LISTED ABOVE? YES NO

DATES FROM/TO	NAME AND ADDRESS OF EMPLOYER	REASON FOR LEAVING	SUPERVISOR'S NAME TITLE AND PHONE
JOB TITLE AND DUTIES			

MAY WE CONTACT THE EMPLOYER LISTED ABOVE? YES NO

DATES FROM/TO	NAME AND ADDRESS OF EMPLOYER	REASON FOR LEAVING	SUPERVISOR'S NAME TITLE AND PHONE
JOB TITLE AND DUTIES			

MAY WE CONTACT THE EMPLOYER LISTED ABOVE? YES NO

DATES FROM/TO	NAME AND ADDRESS OF EMPLOYER	REASON FOR LEAVING	SUPERVISOR'S NAME TITLE AND PHONE
JOB TITLE AND DUTIES			

MAY WE CONTACT THE EMPLOYER LISTED ABOVE? YES NO

REFERENCES. PLEASE LIST NAMES, ADDRESSES AND TELEPHONE NUMBERS OF THREE REFERENCES (NOT RELATED TO YOU).

Appointees to positions at Oklahoma State University Institute of Technology (OSUIT) are selected based on merit and qualification for the specific positions. Adequate reference checks will be conducted to satisfy OSU regarding the professional qualifications and credentials of the applicant.

To this end, OSUIT reserves the right to access any records available to it under authority of law. OSUIT will protect privacy rights of individuals.

I hereby certify that all information on this application and in any other supporting documentation, resume, etc. is true and correct. I understand that any false information will be sufficient grounds for termination of my employment or cancellation of job offer without advance notice at any time.

I authorize OSUIT to use all legal means at its disposal to investigate my background and assess my suitability for employment, including any and all references, available criminal and other judicial records and my credit records, where applicable to the position for which I am applying and consistent with applicable law. I understand that OSUIT will notify me if and when a credit record investigation is performed. I make this authorization in return for OSUIT's consideration of me for employment, and I specifically release and hold OSUIT harmless for any and all liabilities arising out of its investigation of my application for employment.

BY SIGNING BELOW, I certify that I have read and agree with these statements.

SIGNATURE OF APPLICANT

DATE