

Name of Applicant: _____



Lincoln University

Federal / Institutional Work Study Program

APPLICATION FOR STUDENT EMPLOYMENT

As an equal opportunity employer, the University does not discriminate in hiring or terms and conditions of employment because of an individual's race, creed, color, sex, age, religion, disability, or national origin. The University only hires individuals authorized for employment in the United States.

_____/_____/_____
Date of Application

Position(s) Applying for:

(1) **Choice:** _____

(2) **Choice:** _____

(3) **Choice:** _____

Personal Information

Last Name: _____ First Name: _____ Middle Initial: _____

Social Security Number: _____

Permanent Street Address (Home): _____

City: _____ State: _____ Zip Code: _____

Permanent Phone Number (Home): _____

Lincoln University Address (Dorm and Room Number): _____

Student Mail Box Number: _____ Dorm Phone Extension: _____

Please Circle One

Have you ever participated in the Federal Work Study Program at Lincoln University? Yes or No

If Yes, what year(s) _____ and in what department(s) _____

Are you interested in student employment opportunities off-campus? Yes or No

Classification

Freshman Sophomore Junior Senior

Graduate Student Undergraduate Major: _____

Skills

Skills applicable to position applied for:

_____, _____, _____

_____, _____, _____

Person to Contact in Case of Emergency

This information is to facilitate contact in the event of an emergency and is not used in the selection process.

Full Name: _____ Address: _____

Phone Number: _____ Relationship to you: _____

Place of Employment: _____ Address: _____

Phone Number: _____

Employment History

List employment starting with your most recent position.

Dates	Employer Name & Address	Position Held & Supervisor	List Duties	Reason for Leaving

Pre-Employment Inquiry Release

In connection with the hiring process, I understand that Lincoln University requires investigative background inquiries. The inquiries to be made on myself include consumer, criminal, driving, and other reports. These reports will include employment verification, the reasons for termination from previous employment, and requests for information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, and/or possible criminal and civil violations.

I authorize a thorough investigation to be made in connection with this application concerning my character, general reputation, employment, educational background, and criminal record, whichever may be applicable. I understand what this investigation may include and I hereby authorize the release of documents and personal interviews with third parties, such as prior employers, family members, business associates, financial sources, friends, neighbors, or others with whom I am acquainted. I further understand that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigation.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above mentioned information.

Print Full Name: _____

Social Security Number / Date of Birth*: _____

Permanent Street Address: _____

City / State / Zip: _____

Driver's License Number / State: _____

Applicant Signature / Date: _____

**Date of birth is requested in order to obtain accurate retrieval of records.*

Equal Opportunity Information

The information below is requested as part of the affirmative action program and to provide statistical information in compliance with Federal and State regulations. Your response is strictly voluntary and will not result in any adverse treatment.

Date of Birth ____ / ____ / ____ Social Security Number ____ / ____ / ____

Racial / Ethnic Data:

Black (Non-Hispanic)
 Hispanic

Native American, Indian or Alaskan
 White (Non-Hispanic)

Asian / Pacific Islander

Gender: Female

Male

Please Read This Statement Carefully

I hereby affirm that the information given by me on this application for employment is complete and accurate. I understand that any falsification of time clock usages or omissions are grounds for dismissal from the Work Study Program.

I have read and affirm as my own the above statements.

Signature: _____ Date: _____



