

# STUDENT EMPLOYEE DATA

NAME: \_\_\_\_\_  
(First) (Middle) (Last) (Suffix) (Maiden)

MAJOR: \_\_\_\_\_ CLASSIFICATION (Circle one): Freshman, Sophomore, Junior, Senior, Grad Student

EMAIL: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

(The department in which you are applying to work)

## Ethnic Background (Select ONE)

\_\_\_ 1. White (non-Hispanic)

\_\_\_ 2. Black (non-Hispanic)

\_\_\_ 3. Hispanic

\_\_\_ 4. Asian/Pacific Islander

\_\_\_ 5. American Indian or Alaskan Native

Gender:

Male

Female

Birthdate:

\_\_\_\_\_

**To be eligible for on-campus employment during the fall or spring semesters as a student assistant, a student must carry six (6) or more semester hours.** 10.6 Student Employment

**HUMAN RESOURCES VERIFIED:** \_\_\_\_\_

**During the summer, student assistants must be enrolled for three (3) or more hours of coursework or be registered for courses in the upcoming fall semester to be eligible for student assistant summer employment. HUMAN RESOURCES VERIFIED:** \_\_\_\_\_

**DO YOU HAVE A DISABILITY?**

Yes

No

If Yes, please state the disability, and any accommodations that may be necessary for you to perform the essential duties of your position: \_\_\_\_\_

I HEREBY CERTIFY that I have been furnished with copies of/links to the following Stephen F. Austin State University policies and procedures and I have been encouraged to read them:

- ❖ Acceptable Use of Information Resources (16.32)
- ❖ Computer & Network Security (14.2)
- ❖ Ethics (2.6)
- ❖ Fraud (2.7)
- ❖ Student Employment (10.6)
- ❖ Emergencies (13.8)
- ❖ Accessibility for Persons with Disabilities (2.2)
- ❖ Discrimination Complaints/Sexual Harassment (2.11)
- ❖ Health and Safety (13.10)

*I affirm that to the best of my knowledge, the information provided on this form is true and correct. I understand that any willful false information provided or omitted from this form or commission of any fraudulent or dishonest act will be sufficient grounds for termination of employment.*

*I am aware that at any time during my employment I may request reasonable accommodation for any disability that may arise.*

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Human Resources Representative

\_\_\_\_\_  
Date