

ON-CAMPUS STUDENT EMPLOYMENT APPLICATION

This application is intended solely for use in evaluating your qualifications for employment. This is not an employee contract. Please answer all applicable questions completely and accurately. Knowingly giving false or misleading information on this form and/or during the application process may be sufficient grounds for terminating your eligibility for employment, or, if discovered after employment, terminating your employment with the university.

Name:	J#				
Local Address:					
Address Phone:		City Email:		Zip	
Number of hours per week available to work:		*Please attach a	copy of your cu	rrent class schedule	
Days and hours available: M	TU	V	v		
ТН	F	S,	/s		
Program of Study:		Anticipated Graduation Date:			
1.					
List any office skills or experience you have that ma	ay help in ob	taining this position:			
List any athletic skills or experience you have that n	may help in o	obtaining this positio	n (if applicable t	o position):	

Applicants Certification and Release: I certify that the answers given by me to the foregoing questions are complete and true to the best of my knowledge and belief. I authorize Concordia University, Nebraska and/or its agents to verify any of this information, including, but not limited to, criminal history and motor vehicle driving records (if applicable). I authorize all persons, schools, previous employers and law enforcement authorities to release any information concerning my background. Further, I hereby release any said persons, schools, former employers and law enforcement authorities from any liability for any damage whatsoever for issuing factual information.

Applicant's Signature: _____