

## APPLICATION FOR EMPLOYMENT STUDENT

West Virginia State University Research And Development Corporation Is An Equal Opportunity/Affirmative Action Employer

☐ New Assignment ☐ Returning Employee (complete this page only)

| NAME OF STUDENT APPLICANT:   |                 | First   |               | MI               |  |
|--|-----------------|---|---------------|------------------|--|
| ADDRESS:   |                 | FIISL   |               |                  |  |
| Street TELEPHONE (HOME):   | City<br>(CELL): |   | State<br>SS#: | Zip Code         |  |
| EMAIL ADDRESS:   |                 |   |               |                  |  |
| POSITION APPLIED FOR:  |                 |   |               |                  |  |
| AS A STUDENT OF WEST VIRGINIA STATE UNIVERS                                  | ITY, HAVE YOU   | U BEEN PACKAGED FOR FIN                                   | ANCIAL AID?   | ☐ YES ☐ NO       |  |
| IF YES, HAVE YOU BEEN AWARDED WORK STU                                       | DY EMNPLOY      | MENT? • YES • NO  |               |                  |  |
| CREDIT HOURS IN WHICH ENROLLED THIS TERM:                                    |                 | APPLYING FOR: 🖵 FA  | ALL 🖵 SPRI    | NG 🖵 SUMMER      |  |
| APPLICANT SIGNATURE:   |                 | DAT   | E             |                  |  |
| TO BE COMPLE   | ETED BY THE S   | SELECTING SUPERVISOR                                      | ••••••        | •••••            |  |
| ADMINISTRATIVE AREA:   | _DEPARTMEN      | NT:   | WORK SITE: _  |                  |  |
| MAXIMUM HOURS:   | SCHEDULE:       |   |               |                  |  |
| REASON FOR HIRE:   | FUNDING SOURCE: |   |               |                  |  |
| BEGINNING DATE:  | ENDING DATE:    |   | RATE OF PAY:  |                  |  |
| REQUESTED BY (SUPERVISOR'S NAME):  Printed Name SUPERVISOR'S CONTACT NUMBER: |                 | Signature   |               | Date             |  |
|  |                 |   |               |                  |  |
| REQUESTED BY (DIRECTOR/VP/DEAN): Printed Name                                |                 | Signature   |               | Date             |  |
| •••••  |                 |   |               |                  |  |
| APPROVALS  |                 |   |               |                  |  |
| Signature  | Date            | Budget Office (Approval                                   | Donates Suff  | icient Funding)  |  |
| Signature  | Date            | _ Associate Vice President                                | for Business  | and Finance, RPS |  |
| Signature  | Date            | Director of Payroll and Benefits (302 Aceop Admin. Bldg.) |               |                  |  |
| Signiture  | 2410            |   |               |                  |  |



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