

Today's Date: \_\_\_\_\_

This application will be kept on  
file for six months.

Truman State University  
Registrar's Office  
Employment Application

Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Campus / Local Address: \_\_\_\_\_

Campus / Local Telephone: \_\_\_\_\_ Major: \_\_\_\_\_

E-mail: \_\_\_\_\_ Minor: \_\_\_\_\_

GPA: \_\_\_\_\_

Class Status:            Freshman                      Sophomore                      Junior                      Senior

Desired date/semester to begin employment:  
\_\_\_\_\_

I qualify for    \_\_\_\_\_ Scholarship Work  
                         \_\_\_\_\_ Work Study  
                         \_\_\_\_\_ Institutional

Have you ever worked on-campus before? \_\_\_\_\_ If yes, when and for whom? \_\_\_\_\_

Do you plan to work elsewhere on campus during the semester for which you are applying? \_\_\_\_\_

If yes, what kind of work (scholarship, work-study, or institutional) and how many hours per week? \_\_\_\_\_

Computer experience (operating systems, equipment, programs)? \_\_\_\_\_

Please note other experience and skills: \_\_\_\_\_

**Employment Data:** Please list present or last place of employment first.

1. Place of Employment: \_\_\_\_\_  
Location and Phone Number: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Supervisor: \_\_\_\_\_
2. Place of Employment: \_\_\_\_\_  
Location and Phone Number: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Supervisor: \_\_\_\_\_

**References:** Please list the names of two persons not related to you who can provide a reference for you. *At least one reference should be a member of the University faculty or staff.*

1. Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**I agree that any misrepresentation by me in this application will be cause for its cancellation or for my dismissal from the University's service if employed.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If employed, I agree to the conditions in this confidentiality statement:**

As a student assistant in the Registrar's Office at Truman State University, I know that a great deal of highly confidential information is used in the course of everyday work. This confidential information includes, but is not limited to, transcripts, applications, personnel files, personal information and other written materials. It also includes conversations about personal matters.

I understand that by virtue of my employment in the Registrar's Office, I may have access to records or other forms of individually identifiable information, the disclosure of which is prohibited by the Family Educational Rights and Privacy Act of 1974.

*I understand that confidential information is never to be taken from the office or discussed with anyone outside the office. I agree to follow this policy at all times.*

I acknowledge that I fully understand that the intentional disclosure by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law. I further acknowledge that such willful or unauthorized disclosure also violates Truman State University policy and could constitute just cause for disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed. I also understand that willful or unauthorized disclosure may result in sanctions under the Truman State University Student Conduct Code.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_