



# STUDENT EMPLOYMENT APPLICATION

Financial Systems Services

Name

LSUID

Date

AS552

## HOME ADDRESS

Address		
City, St, Zip		
Home Phone	( ) -	

## CAMPUS ADDRESS

Address		
Campus Phone	( ) -	

## PERSONAL INFO

Birthdate	
City of Birth	
Citizenship	
If not a U.S. citizen, your Visa type is:	
Do you have an ISO Work Permit?	Y / N

## CONTACT INFO

Cell	( ) -
Other	( ) -
E-mail	

## CLASSIFICATION

<input type="checkbox"/>	High-Schooler
<input type="checkbox"/>	Incoming Freshman
<input type="checkbox"/>	Freshman
<input type="checkbox"/>	Sophomore
<input type="checkbox"/>	Junior
<input type="checkbox"/>	Senior
<input type="checkbox"/>	Graduate Student

## STUDENT AID

<input type="checkbox"/>	CWSP (Federal Work Study Program)
<input type="checkbox"/>	CSAP (Chancellor's Student Aid Program)
<input type="checkbox"/>	N/A

## ENROLLMENT INFO

Are you currently enrolled at LSU?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not at LSU, where?	_____
How many hours are you taking this semester?	_____
What is your Major?	_____
What is your Minor?	_____
Major semester hours completed:	_____
Total semester hours completed:	_____
What is your Cumulative GPA?	_____
Are you currently on Probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your expected Graduation Date is:	_____

## PROPOSED WORK SCHEDULE

Please provide a tentative work schedule showing your availability (days/times). It is required that each student work at least 10 hrs/week; a student cannot work more than 20 hrs/week. Pay is \$5.15/hr.

## EDUCATION

Type	Schools Attended	From Year	To Year	Circle Last Grade Completed	Diploma/Degree Earned
High School				Fresh Soph Jr Sr	
Trade/Business School					
College or University				Fresh Soph Jr Sr	
Other Special Training					

## WORK EXPERIENCE

Date (From-To)	Name of Employer	Position	Duties	Rate of Pay	Reason for Leaving

## QUESTIONS

- Are you available for Summer Employment?  Yes  No  
If Yes, how many hours per week? \_\_\_\_\_
- Have you worked in Accounting Services before?  Yes  No  
If Yes, month/year? \_\_\_\_\_
- List all Office Equipment you can operate: \_\_\_\_\_
- Are you related to any LSU employees?  Yes  No  
If Yes, provide names & relationships: Name \_\_\_\_\_  
Relationship \_\_\_\_\_
- Did someone recommend you to Accounting Svcs?  Yes  No  
If Yes, provide name & relationship: Name \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_ LSUID \_\_\_\_\_  
(Last, First, MI)

**Oath of Affirmation to Support the Constitution and Laws  
of the United States and the State of Louisiana**

The following oath is required of State employees by Louisiana Revised Statute 42:52.

***Loyalty Oath***

"I, \_\_\_\_\_, do solemnly swear (or affirm)  
that I will support the Constitution and Laws of the United States and  
the Constitution and Laws of this State; and I will faithfully and impartially  
discharge and perform all the duties incumbent upon me as a

- Student Employee
- Graduate Assistant

and according to the best of my ability and understanding. So help  
me God."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Acknowledgement of Receipt of Drug  
Compliance Summary Statement \***

I have received a copy of the summary statement  
of policy and procedures for employees and  
students on the Illegal or Abusive Use of Drugs.

*\* Do not sign until copy has been received*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Acct Svcs Use Only  
Initial & Date*

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