



Keystone Hall, Sports Medicine  
Kutztown, PA 19530

Office: (610) 683-4085  
Fax: (610) 683-4664

### Student Employment Application

Employees and applicants shall be afforded equal opportunity in all aspects without regard to race, national origin, gender, religion, citizenship, sexual orientation, age, physical ability or veteran status.

**Note:** Before completing this form, please check on your work employment eligibility.

Name \_\_\_\_\_ Birth Date: \_\_\_\_\_  
first mi. last

Permanent Home Address \_\_\_\_\_  
street

\_\_\_\_\_ city state zip

Permanent Cell Phone No:(\_\_\_\_\_) \_\_\_\_\_ Home E-mail \_\_\_\_\_

KU ID#: \_\_\_\_\_

Resident Status:  US Citizen  Permanent Resident Alien  Non-Resident Alien

Where you previously employed on Campus as a student employee?  Yes  No

Are you currently employed on Campus as a student employee?  Yes  No

If Yes, what is the Department name? \_\_\_\_\_

\*\*\*\*\*

School Address \_\_\_\_\_  
street city state zip

School Phone No:(\_\_\_\_\_) \_\_\_\_\_ School E-mail \_\_\_\_\_

Semester in School: 1 2 3 4 5 6 7 8 Year Started \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Current Credits Enrolled: \_\_\_\_\_

**NOTE:** It is the policy of this department not to hire part-time enrolled students, unless the student is near the completion of their degree.

Credits achieved \_\_\_\_\_ Current G.P.A. \_\_\_\_\_

**KU Work Authorization #:** \_\_\_\_\_

\*Note: If you do NOT already have an Employee ID#, get one from the HR Department

**Miscellaneous:**

This position requires dependable attendance, satisfactory academic progress (2.5 GPA), work during several holidays, some travel, attendance during preseason fall camp (usually 3+ wks including weekends), work during the fall (8-15hrs/wk, to includes many Saturdays, H/A w/ Football as required), work during the winter (6-12hrs/wk, and may include some night & weekend game coverage H), work during the spring season (8-15 hrs/wk during the Spring season and may include some Sat. game coverage H). You will also be required to get certified in both First Aid & Cardio-Pulmonary Resuscitation -AED(CPR-AED) within your first four (4) months of employment.

Can you meet these requirements? YES / NO

Will you have any other commitments (work, clubs, sports, etc.) while working as a student employee? Please list/explain time commitment:

Do you have any related High School experience (athlete, student athletic trainer, manager, etc.)?

Have you ever been convicted of a crime or any violation of law, ? ( please circle) YES NO

If YES, please provide the following:

Description of offense:

Statute or ordinance (if known):

Date of charge:

Date of conviction:

County, City, State of conviction:

(for additional convictions use plain paper. Include all information listed above)

Do you have a valid Driver's license? YES NO In what State? \_\_\_\_\_

Have you ever had motor vehicle accident or received a moving violation? YES NO

If YES, please explain:

**Previous Employment Experience:**

Company Name/Address	Dates of Employment From: To:
Job Description	Job Title
Supervisor Name/ Phone Number	Salary Begin \$
Reason For Leaving	End \$

Company Name/Address	Dates of Employment From: To:
Job Description	Job Title
Supervisor Name Phone Number	Salary Begin \$
Reason For Leaving	End \$

Company Name/Address	Dates of Employment From: To:
Job Description	Job Title
Supervisor Name	Salary Begin \$
Reason For Leaving	End \$

**References:** You need to provide three (3) names of references with this application.  
(references may NOT be relatives or student peers)

	<u>1<sup>st</sup></u>	<u>2<sup>nd</sup></u>	<u>3<sup>rd</sup></u>
Name	_____	_____	_____
Relationship	_____	_____	_____
Address	_____	_____	_____
	_____	_____	_____
Day Phone	_____	_____	_____
Evening Phone	_____	_____	_____

**Certification:** I hereby certify that all of the information on and attached to this application is true, correct, complete and made in good faith. I agree and understand that any fraudulent or false information herein, regardless of time of discovery, may be cause for not hiring or forfeiture of any employment. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize the University to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, non-governmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee. I understand that either the employer or employee may terminate the employment relationship at any time, without notice, and for any lawful reason.

Students Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

Application Reviewed by: \_\_\_\_\_

Accepted by: \_\_\_\_\_

Program Starting Date \_\_\_\_\_ -