



Student Employment Application

Date:

Name:

Address:

City/State/Province:

Phone:

Email:

800 West Avon Road
Rochester Hills, MI 48307
Phone: (248) 218-2018
www.rochesteru.edu

Return to:
Ginny May
Payroll & Benefits Administrator
gmay@rochesteru.edu

Preferred Position 1:

Preferred Position 2:

Preferred Position 3:

Date available to begin work?

Previous Employment

1. EMPLOYER

Name of Supervisor:

Dates of Employment: From To

Address:

Phone: Job Title:

Reason for Leaving:

Please list the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

May we contact this employer? Yes No

2. EMPLOYER

Name of Supervisor:

Dates of Employment: From To

Address:

Phone: Job Title:

Reason for Leaving:

Please list the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

May we contact this employer?

Yes No

Specific Skills:

Computer Applications:

Please list 2 references other than family or previous employers:

Name	
Relationship	
Phone	

Use this space for additional information necessary to describe your full qualifications for the position which you are applying:

Agreement:

General Information: The information set forth in my application is true and complete. I understand making false statements or omitting pertinent facts on this application will be considered sufficient cause for rejection of this application or dismissal from employment. I understand issuance of this application does not indicate there are any positions available and does not in any way obligate Rochester University to hire me. If hired, I am willing to abide by all present and future rules and regulations of Rochester University. I am also aware and understand the Mission and Value Alignment of Rochester University and am willing and able to uphold the ideals of the university in my daily living. I understand this application will remain active for 12 months unless I notify Rochester University otherwise.

Release of Personal Information: I hereby authorize Rochester University to collect, store, transfer and purge my personal information. I understand Rochester University may request additional information for the purpose, use and choices related to the personal information.

Release for Reference Checks: I hereby authorize Rochester University to contact my previous employers for work-related references.

Rochester University does not discriminate on the basis of race, color, gender, age, disability or national origin in the execution of its educational programs, activities, employment or admission policies except where necessitated by specific religious tenets held by the institution and its controlling body.

Federal Work Study eligibility is determined by calculating financial NEED, defined as Cost of Attendance (details at rochesteru.edu), less Expected Family Contribution (from FAFSA), less grants and institutional aid. Please note: by accepting Federal Work Study awards, you may be eligible for less Subsidized and/or Perkins loans.

Applicant Signature:

**This application is maintained on file from April to March 31 of the following year. A new application must be submitted every March.

Voluntary Survey:

Do you have a valid drivers license:

Yes No

State of Issue:

Have you had any accidents in the past 3 years?

Yes No

How many?

Have you had any moving violations in the past 3 years?

Yes No

How many?