



# GENEVA COLLEGE

## STUDENT EMPLOYMENT APPLICATION

### Applicant Information

SEMESTER: FALL  SPRING  SUMMER  CALENDAR YEAR: \_\_\_\_\_  
PLEASE PRINT

Department in which you are applying: \_\_\_\_\_ Position applying for: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Home Address: \_\_\_\_\_  
Street City State Zip Code

Geneva Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you 18 years of age or older? Yes  No  If no, give date of birth: \_\_\_\_\_ Social Security last 4#'s: XXX-XX-\_\_\_\_\_

Do you currently attend Geneva College? Yes  No  Geneva Student I.D. #: \_\_\_\_\_ Geneva Box #: \_\_\_\_\_

Enrollment Status: Full-Time  Part-Time  Number of Credits anticipated during term of employment for which you are applying \_\_\_\_\_

Fall Class Status: Fr  So  Jr  Sr  Grad  Major: \_\_\_\_\_

Have you been granted Work-Study Funds in your Financial Aid Award Letter? Yes  No  Don't Know

Do you live in the Beaver Falls School District during the school year? Yes  No   
Note: If you live on campus, you MUST answer yes, Beaver Falls resident wage tax will be withheld from your pay unless you complete a Certificate of Wage Tax Exemption.

Are you authorized to work in the U.S.? Yes  No  If no, will you require sponsorship? Yes  No

Have you completed a New Hire Packet or received a paycheck for work from Geneva in the past? Yes  No   
If yes, which department and when? \_\_\_\_\_

Earliest Date you can begin working? \_\_\_\_\_ Are you able to work the entire semester? Yes  No

Please list any unique/specific skills and/or experience you possess that you think the department you are applying for could utilize.

Have you ever been convicted or plead guilty to a felony or misdemeanor? (Do not include minor traffic violations.) Yes  No   
If yes, list the date of the conviction(s), the name/location of the court in which convicted, and a description of the nature of the crime. Attach additional pages if necessary.

I hereby affirm that the information given by me on this application for employment is complete and accurate. I understand that any falsification or omission of information will be grounds for immediate dismissal. I further authorize the College to investigate and/or verify any information on this application or other supporting documents.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### TO BE COMPLETED BY HIRING SUPERVISOR

PLEASE PRINT

Starting Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_ Account #: \_\_\_\_\_

Wage Rate: \$ \_\_\_\_\_

(Please explain rationale if wage rate is other than minimum wage)

Duties: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Human Resources Approval \_\_\_\_\_  
Date: \_\_\_\_\_  
Payroll: \_\_\_\_\_