

STUDENT WORKER APPLICATION

201 Locksley Way, Mail Stop 9820 Mississippi State, MS 39762

CONTACT INFO

Name:			Date:				
			Phone #:				
MSU 9-digit ID#:	N	Net ID:					
Permanent Addres	s:						
	student worker pos						
			Building/Grounds Assistant				
					oi State University)		
MSU College:			Majo	r:			
_			Anticipated Grad. Date:				
WORK EXPERI							
Past Employment							
Company	Supervisor	Phone #	<u>Position</u>	<u>Dates</u>	May we contact?		
					yes: no:		
					yes: no:		
					yes:no:		
Personal Reference	es (list three)						
Name Phone #		<u>ŧ</u>	<u>Email</u>	Relati	Relationship		
Please list skills ar	nd/or experience rel	ating to the stude	ent worker position	n you are intereste	ed in.		

Please place an "X" in the time-slots you are available to work.

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 AM					
9:00 AM					
10:00 AM					
1:00 AM					
12:00 PM					
1:00 PM					
2:00 PM					
3:00 PM					
4:00 PM					

If you are related to anyone in the Department of S	Sustainable Bioproducts, list name and relation:
I hereby certify that the above information is true Department of Sustainable Bioproducts permissio	and correct to the best of my knowledge and give the n to verify this information as necessary.
Signature	 Date