

# THE UNIVERSITY OF ALABAMA IN HUNTSVILLE

Student Employment Application



## APPLICANT INFORMATION

Full Name (First, Middle, Last) \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment/Unit No. \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date Available \_\_\_\_\_ A Number \_\_\_\_\_ Major/GPA \_\_\_\_\_

Position applied for \_\_\_\_\_

Are you eligible to work in the United States	Yes	No	What is your eligibility status?	Permanent	Temporary
* If you are <i>not</i> U.S. citizen	Visa Type:	Country	_____		
Have you ever worked for UAH?	Yes	No	If so, when?	_____	
Are you currently employed by another department on campus?	Yes	No	If so, which department?	_____	

## EDUCATION

High School	Address	_____			
From _____ To _____	Did you graduate?	Yes	No	Diploma	_____
College	Address	_____			
From _____ To _____	Did you graduate?	Yes	No	Diploma	_____
Other	Address	_____			
From _____ To _____	Did you graduate?	Yes	No	Diploma	_____

## PREVIOUS EMPLOYMENT

Company	Phone	_____			
Address	Supervisor	_____			
Job Title	Starting Wage \$	Ending Wage \$	_____		
From _____ To _____	Reason for leaving	_____			
Company	Phone	_____			
Address	Supervisor	_____			
Job Title	Starting Wage \$	Ending Wage \$	_____		
From _____ To _____	Reason for leaving	_____			

**AGREEMENT (PLEASE READ CAREFULLY)**

I agree that any false statements or any pertinent information withheld in this application shall be sufficient cause for rejection or dismissal. I authorize investigation of all statements contained in this application without liability arising thereon. It is understood that the use of this application does not indicate that there are positions open and does not in any way obligate The University of Alabama in Huntsville. I understand that no manager or representative of UAH has authority to enter into any agreement for employment for any specified period of time, and my employment with UAH is at-will and may be terminated by myself or UAH at any time. I understand that employment is contingent upon the satisfactory completion of a pre-employment criminal and sexual offender background check.

Signature

Date

**\* Students holding F1 and J1 student visa status:** It is strongly recommended that students meet with an international student advisor prior to beginning any employment to ensure compliance with immigration regulations

**POLICY STATEMENT ON DRUG-FREE WORKPLACE**



THE UNIVERSITY OF  
ALABAMA IN HUNTSVILLE

The Drug-Free Workplace Act of 1988 requires the University of Alabama in Huntsville to provide the following statement of the University's Drug-Free Workplace policy to all persons employed by the University:

1. It is forbidden to manufacture, distribute, dispense, possess or use any controlled substance unlawfully on the University workplace. The term "controlled substance" means any drug listed in the federal statutes and regulations and includes, but is not limited to, heroin, marijuana, cocaine, PCP and "crack". The term includes "legal drugs" when not prescribed by a licensed physician.
2. The following sanctions shall be imposed for violation of this policy:  
  
Any of the disciplinary actions described in the University Faculty Handbook and Staff Handbook up to and including immediate dismissal.
3. Any person employed by the University must, as a condition of employment:
  - a. Abide by the University's Drug-Free Workplace policy contained herein;
  - b. Notify the University, through its Human Resources Department, within five (5) days of his or her conviction under any criminal drug statute for a violation occurring in the University workplace. A conviction means a finding of guilt (including a plea of nolo contendere) or in the imposition of a sentence by a judge or a jury in state or federal court.

I have read and understand the Drug-Free Workplace Policy Statement of The University of Alabama in Huntsville, and I agree to abide by all the provisions contained therein. I agree to notify the University of any conviction under a criminal drug statute within five (5) days of my conviction as set out above, and I waive and release any claims I may have resulting from the University conveying the fact of such conviction to federal agencies as required by law. I understand that this is a condition of my employment by the University as required by the Drug-Free Workplace Act of 1988.

Signature of Student Employee

Date

Name of Student (Print)

Student Employee: \_\_\_\_\_

A number: \_\_\_\_\_

TO BE COMPLETED BY HIRING MANAGER					
Hired:	Yes	No	Start Date	Pay Rate: \$	Hrs/week
Hiring Manager's Name/Title:			Phone		
Is this position degree related for the employee?		Yes	No	Today's Date	
Have you verified student's academic eligibility?		Yes	No	Have you requested the background screening from HR	
		Yes	No	Yes	No
By signing this form, I verify that this student is eligible for on-campus employment based upon the guidelines set forth by the University.					
Hiring Manager's Signature				Date	