SOUTHEASTERN LOUISIANA UNIVERSITY

STUDENT EMPLOYMENT DATA FORM

University ID: W___________________   E-Mail: ________________________________

Name___________________________________________________________________

   Last   First   M.I.

Address _________________________________________________________________

City______________________________________ State __________ Zip ______________

Home Phone (_____) _____________________   Cell Phone (_____) ______________

Gender:  □ Female   □ Male   Marital Status ________________________________

Race:    □ American Indian   □ Asian   □ Black

      □ Hispanic   □ White   □ Other

Are you currently (this month) working for another department? □ Yes   □ No

Are you under the age of 18? □ No.  □ Yes, you must have an Intention To Employ Minors
                                 Under 18 form filled out before you can work on campus.

I understand that Work-Study regulations stipulate that I must maintain at least half-time
enrollment to be a student worker.

____________________________________   ________________________________
Signature of Student Employee          Date