



# STUDENT EMPLOYMENT APPLICATION

Office of Human Resources • 3219 College St. • P. O. Box 20601 • Savannah, GA 31404

- Institutional Student Employment
- Graduate Assistant
- Federal Work Study

*You can get anywhere from here!!!*

## PERSONAL INFORMATION

DATE / /

Name (Last)	(First)	(Middle)	Social Security No.				
Address		City	State Zip				
Telephone ( )		Other Telephone ( )					
Position Applying For		Date Available					
Days and hours available.							
Day	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
From:							
To:							
Person to be Notified in Case of Emergency _____							
Address _____		Phone No. ( ) _____					

## EDUCATION

Type of School	Name and location of School	Degree / Area of Study	Years Attended	Graduated
High School	Name _____ Address _____			
	City _____ State _____ Zip _____			
College	Name _____ Address _____			
	City _____ State _____ Zip _____			
Graduate School	Name _____ Address _____			
	City _____ State _____ Zip _____			
Other	Name _____ Address _____			
	City _____ State _____ Zip _____			

## LEGAL

Are you a citizen or do you have a legal right & necessary documents to work in the US?  Yes  No

If not, Visa Status: \_\_\_\_\_  
(Attach a copy of authorization on Form I-9)

(NOTE: Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Act of 1986)

List employment starting with your present or most recent position.

**EMPLOYMENT HISTORY**

Dates	Name and Address of Employer		Position Held and Supervisor
From:	Name		Your Job Title
	Address	City	
To:	State	Phone	Supervisor
	Reason for Leaving:		
From:	Name		Your Job Title
	Address	City	
To:	State	Phone	Supervisor
	Reason for Leaving:		
From:	Name		Your Job Title
	Address	City	
To:	State	Phone	Supervisor
	Reason for Leaving:		

Veteran  Yes  No (Indicate date of Separation) \_\_\_\_\_

Have you previously worked for Savannah State University  Yes  No, or previously applied to the University  Yes  No

If so, when

Location: \_\_\_\_\_ Position Held \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

**REFERENCES**

Name	Address/Phone	Relationship	Years Known
Name	Address/Phone	Relationship	Years Known
Name	Address/Phone	Relationship	Years Known

**PLEASE READ CAREFULLY**

Various Federal, State and local laws prohibit discrimination based on race, color, sex, religion, national origin, ancestry, age, disability or marital status. All applications will remain under active status for sixty (60) days from the date it is filed.

I certify that answers given herein are true and complete to the best of my knowledge.

I understand that this authorizes an investigation of all statements contained in this application for employment subject to applicable federal, state and/or local laws.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also that I am required to abide by all rules and regulations of student employment with Savannah State University.

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

\_\_\_\_\_  
Date

**An Equal Opportunity / Affirmative Action Employer**

**SAVANNAH STATE UNIVERSITY**  
Office of Human Resources  
P. O. Box 20601  
Savannah, GA 31404

Personal Data Sheet

Employee Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Employee date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone Number: \_\_\_\_\_

Sex: \_ \_ M \_ \_ F Marital Status: \_\_\_\_ Singl<sup>e</sup> \_\_\_\_ Married \_\_\_\_ Widowed \_\_\_\_ Divorced

Employee Address: \_\_\_\_\_  
Number Street Apt#

City State Zip Code

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Date of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Date Year

**Ethnic Group:**  
 American Indian/Alaskan Native  Asian  Black/African American  Hispanic/Latino  
 Multi-Racial  Native Hawaiian/Other Pac Island  White  Other

**Education:**

	Name	Highest Year Completed	Degree Received
Middle School:	_____	_____	_____
High School:	_____	_____	_____
Technical School:	_____	_____	_____
College/University :	_____	_____	_____
Graduate School:	_____	_____	_____

Do  You have  any previous employment with the University System of Georgia  
Yes No  
If yes, institution: \_\_\_\_\_ Date last Worked: \_\_\_\_\_

In Case of Emergency, Notify: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone#: \_\_\_\_\_  
City State Zip Code

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



SAVANNAH STATE UNIVERSITY

Authorization Agreement for Direct Deposit

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_ Campus Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Campus P.O. Box: \_\_\_\_\_

Important Facts about Direct Deposit

- 1. An employee can have his/her check deposited into as many as two accounts. One account will have a designated amount with the balance of the check going into the other account.
2. A check marked "VOID" should be submitted with the authorization form. A deposit slip is acceptable ONLY for direct deposit into a savings account.
3. The employee's account will be pre-noted the first pay cycle after the authorization has been received.
4. Payroll must be notified in writing to stop direct deposit one payroll cycle before any accounts are closed.

I am responsible for verifying all deposits made with my bank(s) before I issue any personal checks against my account.

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

Payroll Direct Deposit Change of Bank Account number Change Secondary amount Change Accounts Payable reimbursement

PRIMARY ACCOUNT

Checking Savings

Financial Institution \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
9 Digit Transit Routing Number \_\_\_\_\_
Account Number # \_\_\_\_\_

SECONDARY ACCOUNT

Checking Amount \$ Savings Amount \$

Financial Institution \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
9 Digit Transit Routing Number \_\_\_\_\_
Account Number # \_\_\_\_\_

A VOIDED CHECK / SAVINGS DEPOSIT SLIP MUST BE ATTACHED