

Department of Athletics Student Employment Sheet

Start Date _____

Social Security # _____

Date Of Birth: _____

Name: _____
Last First M.I.

Campus Address: _____ Cell Phone: _____

E-mail Address: _____

Home Address: _____ Home Phone: _____

_____ Ethnicity: _____

Circle One: Undergrad Grad Student

Did you complete an I-9? _____

Athletic Department Employment

Position: _____

Supervisor: _____

Hourly Rate: \$ _____

Oracle #: _____