

Returning Student Work Form

Student Worker Information

Name: _____ Date: _____

Cell Phone: _____ Academic Major: _____

Current Class: FR. ☐ SO. ☐ JR. ☐ SR. ☐

Email: _____ Graduation Date: _____

For semester/year applying will you be a: Resident ☐ Commuter ☐ Registered for classes next Semester: Yes ☐ No ☐If you are a resident, do you have a room assignment: Yes ☐ No ☐Will you be in an internship? Yes ☐ No ☐ Will you be studying abroad? Yes ☐ No ☐ If so, where? _____

List all extra curricular activities including intercollegiate sports you will be participating in during the semester you are applying to work: _____

Department & Job Title for which you are applying: _____

Student Authorization / Verification

I hereby grant authorization for my current and past work supervisor(s), to share information regarding my work performance with those individuals involved in hiring for this position.

Commuters: I understand that I am committed to participation in the Work Program for at least one full semester and must comply with all Work Program requirements including being subject to Work Program suspension for failure to do so and must be enrolled full time.

Student Signature: _____ Date: _____

Students interested in requesting or learning more about work place accommodations should contact Leslie Johnson, Dean of Work at leslie.johnson@blackburn.edu or 217-854-5536

Selection / Hire Request

I wish to hire this student for(and they accept) the job of: _____
Official Position Title

Applicant is being hired for:

Tuition Hours Only: ☐ Tuition & Paid Hours: ☐ Paid Hours Only: ☐ Average # paid hours per week: _____

Early Returning Workers: If needed to return early to start work, the student agrees to return on:

Date: _____ for Paid Hours: ☐ or Tuition Hours: ☐

Supervisor's Signature: _____ Date: _____

Student's Signature*: _____ Date: _____

For Office Use Only

☐ _____ Current Manager Approval☐ _____ New Manager Approval☐ _____ W-4 Forms☐ _____ Paid Hours Authorization Form☐ _____ Semester Career Petition☐ _____ Meets Minimum Qualifications☐ _____ Approved to participate as commuter Yes ☐ No ☐

General Manager Signature: _____ Date: _____