

University of Central Florida
EMPLOYMENT QUESTIONNAIRE FOR STUDENTS

This form must be completed by each undergraduate, graduate, or post-bac student employee at the time of hire and each semester thereafter. A form must be completed for each department in which the student is employed.

Name _____ SSN _____

Department _____ Campus Phone Number _____

Term (check one)

- Fall
- Summer
- Spring

Classification (check one)

- Undergraduate
- Graduate
- Post-Bac

I am (check one of the following)

- a citizen or national of the United States
- a lawful Permanent Resident Alien
- a Non-Resident Alien Visa Type _____

Are you currently employed in another department at UCF? Yes No

If yes, list department name(s) and number of hours employed in each department.

Department Name	Number of hours worked per week

I certify that the above statements are true and complete to the best of my knowledge. I further understand that any false statements made by me on this form, or any supplement(s) hereto, may be grounds for rejection from consideration for further employment or immediate discharge.

Signature _____ Date _____

Reviewed By _____ Date _____

Distribution

Original Graduate Students to Human Resources
 Undergraduate & Post-Bac Students to Financial Aid
 Copy Department Files