

TEXAS LUTHERAN UNIVERSITY
STUDENT EMPLOYMENT APPLICATION

Office Use Only

Hired Date: _____
Job Title: _____
Job ID #: _____

STUDENT NAME _____

TLU ID # _____ DATE OF BIRTH _____

PERMANENT MAILING ADDRESS _____

CAMPUS MAILING ADDRESS _____

CAMPUS/CELL PHONE # _____ PERMANENT PHONE # _____

EMERGENCY PHONE # _____

JOB PREFERENCE _____

SKILLS:

COMPUTER: Excel Word Access General PC Other _____

OFFICE: Copier Fax 10-Key Cash Register Filing Telephone

CERTIFICATIONS HELD: Lifeguard Aerobics Instructor American Red Cross CPR/First Aid

LANGUAGES SPOKEN _____

PREVIOUS WORK EXPERIENCE _____

TLU MAJOR _____ EXPECTED GRADUATION DATE _____

TEXAS LUTHERAN UNIVERSITY
STUDENT WORKER CONFIDENTIALITY AGREEMENT

I, the undersigned, understand that I may have access to confidential information and I agree that I am bound not to disclose any private information during or after my period of employment, which I might learn about in an official or unofficial capacity during my employment, to anyone who is not authorized to have that information. Before disclosing such information, even to those employed by Texas Lutheran University, I will consult my supervisor or, if not available, his/her superior.

I further agree that if I become aware of any confidential information being divulged by anyone in a manner that seems inappropriate, I will inform my supervisor or, if not available, his/her supervisor at once.

Finally, I understand that my failure to comply with any of the above provisions may result in my immediate dismissal from employment at Texas Lutheran University, enrollment at Texas Lutheran University, and may subject me to civil litigation with financial liability.

Student Worker Signature Date

(Supervisor Signature) Date

Student Worker Name (Please print)