

Hire Form Student Employee

For use within MSU Extension Only

This form will be used <u>AFTER</u> the <u>Student Pre-Approval Request Form</u> has been <u>APPROVED</u>, you've received notification to move forward and the individual has been offered the position. This document should accompany the electronic I-9 form and background check.

Student employee cannot begin working until approval has been given from MSUE HR.

• The I-9 must be completed electronically, for instructions on this process please refer to the MSUE HR web page: http://od.msue.msu.edu/human resources/internal hiring procedures forms

The electronic I-9 and Hire Form must be received by MSUE HR at least two (2) weeks PRIOR to the date of employment:

Email hire form to: MSUE.TOC.Student@msu.edu

*Fields in red below are required

Job Reference #:

STUDENT EMPLOYMENT INFORMATION

Anticipated Hours worked per week:

The information below can be found on the completed Pre-Approval Request form that was sent back to you by MSUE HR. Job Reference # and Job Title will be provided by MSUE HR.

Job Title:

JOB / ORGANIZATION INFORMATION

MSUE Institute/Organizational Unit:

Program / Initiative:

County:

District:

Work Location Address:

Work Location Phone Number:

Name of Supervisor:

Supervisor's Institute/ Organizational Unit:

Desired Date of Hire:

Anticipated End Date:

 $_{\circ}$ If yes, how many hours?

STUDENT EMPLOYEE INFORMATION (please have new student employee complete this section)

| <u>Personal Data</u> | | | | |
|---------------------------------------|----------------------------------|--------------------|-----------------------------|---------------------|
| APID : | | | | |
| | | | | |
| (The name provided | l on this form must ma | tch what is | reflected on the Soc | ial Security card.) |
| Last Name: | | | | |
| First Name: | | | | |
| Middle Name: | | | | |
| Suffix (e.g. Jr.): | | | | |
| Gender: Male | Female | | | |
| U.S. Citizen: Yes | No | | | |
| MSU Email Address | s (to request NetID and i | initiate Backg | round Screen): | |
| Date of Birth | | | | |
| | | | | |
| Emergency Con | tact Information | | | |
| First Name: | | | Last Name: | |
| Address Line 1: | | | | |
| Address Line 2: | | | | |
| City: | | State: | | Zip Code: |
| Phone Number: | | | | |
| | | | | |
| Student Employ | ment Questions: | | | |
| Are you authorize | ed to work in the U.S? | Yes | No | |
| _ | enrolled for courses | | State University? Y | ′es No |
| , | / working on campus o | • | • | No |
| Do you have wor | k study? Yes | No | | |

Employee Relative Information

| Does the employee have any relatives who work in the department | ent where the employee is being hired? Yes No |
|--|---|
| If yes, will they be supervising the employee? Yes | No |
| Relatives Name: | Relationship: |
| Employment Related Questions The University will conduct a criminal records background checautomatically disqualify an applicant from employment consider of the crime, severity of offense, when it occurred, and the dutic is being considered. • Has the applicant ever been convicted of a crime? • Are there criminal charges pending against the applicant. | ration. Each applicant will be evaluated based on the nature es and responsibilities of the position for which an individual Yes No |
| | e(s), the date and place of the offense, and the legal |
| Supervisors Name (PRINTED): | |
| Signature of Supervisor: | Date: |
| Signature of Supervisor: Signature of Employee: | Date: |
| • | Date: |
| Signature of Employee: Student Internship Information - (this section is only required for Internship End Date (this date cannot exceed one year from the start date of the internship): Student/Intern MSU email address: | Date: |
| Signature of Employee: Student Internship Information - (this section is only required for Internship End Date (this date cannot exceed one year from the start date of the internship): Student/Intern MSU email address: Supervisor email address: | r student intern) ining learning goals within two weeks of the intern start date |
| Signature of Employee: Student Internship Information - (this section is only required for Internship End Date (this date cannot exceed one year from the start date of the internship): Student/Intern MSU email address: Supervisor email address: O UOy O out Supervisor will provide intern with focused direction and timely feedback | r student intern) ining learning goals within two weeks of the intern start date aluations nent resident I cannot work over 29 hours a week fall and spring |