

MONTANA TECH STUDENT EMPLOYMENT CERTIFICATION

Renewal is required for summer and fall employment annually.

Student Name	Last	First	Middle	Student ID Number
STUDENT EMPLOYEE AWARD INFORMATION				
Have you been awarded work-study funding? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> If yes, will you use it for this position? Yes <input type="checkbox"/> No <input type="checkbox"/> NOTE: Work-study may only be used for one position.				
Have you been awarded a GTA or GRA? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, employing department _____				
<u>STUDENT INFORMATION (To Be Completed By Student)</u>				
Permanent Mailing Address _____ Street Number and Name City State Zip				
Telephone Number _____ Email Address _____				
Birth Date ____ / ____ / ____ Male <input type="checkbox"/> Female <input type="checkbox"/> Are you a US Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, what country are you from? _____				
Previously employed at Montana Tech? No <input type="checkbox"/> (complete entire Student Employment Packet)				
Yes <input type="checkbox"/> (complete Student Employment Certification form only) Month/Year of last employment _____				
Currently working at Montana Tech? Yes <input type="checkbox"/> No <input type="checkbox"/> Department(s): _____ (Note: Total hours per week cannot exceed 20. See policy online for details.)				
Year in School: Highlands 1 st yr <input type="checkbox"/> Highlands 2 nd yr <input type="checkbox"/> FR <input type="checkbox"/> SO <input type="checkbox"/> JR <input type="checkbox"/> SR <input type="checkbox"/> Post Bacc <input type="checkbox"/> Grad <input type="checkbox"/>				
Student Signature _____				Date _____
<u>EMPLOYMENT INFORMATION (To Be Completed By Employer)</u>				
Employing Dept. _____		Job Title _____		
Hourly Wage (at least minimum wage) \$ _____		Stipend* \$ _____ Monthly <input type="checkbox"/> Semester <input type="checkbox"/>		
Hours worked (20/wk max) must be recorded on all time cards!		*See Job Classification & Wage guidelines online for restrictions.		
For this position, employee is New <input type="checkbox"/> Returning <input type="checkbox"/>		Expected Employment Period From ____ / ____ / ____ To ____ / ____ / ____ M/D/Y M/D/Y		
Approximate hrs/week _____		Send time cards to: _____ Charge to Depart./Project # _____		
Student is registered, _____ credits*		(If left blank, will go to the employer) (Required for all jobs, including work-study.)		
*Before beginning work, student employee must be registered full-time for the current semester; for summer work, student must be full-time for summer or fall!				
Job Description (If left BLANK, form will be RETURNED to the Employer for completion, which could result in a delay of pay.)				
(Justification REQUIRED if wage is above entry rate, attach to form) Will this employee have access to student information? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Employer Name & Email Address _____ (please print)				Employer Signature _____ Date _____
FOR OFFICE USE ONLY:				
WS/GTA Award accepted? Yes <input type="checkbox"/> No <input type="checkbox"/> Amount \$ _____ More than one WS job? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Job Classification _____ Awarded Terms: Fall _____ Spring _____ Summer _____				
1225 (NWS) <input type="checkbox"/> 1226 (FWS) <input type="checkbox"/> 1226(SFWS) <input type="checkbox"/> 1228(SWS) <input type="checkbox"/> 1228 (SSWS) <input type="checkbox"/> 1126 GTA (BGA011) <input type="checkbox"/> 1127 GRA (other dept.) <input type="checkbox"/>				