

**MONTANA TECH STUDENT EMPLOYMENT CERTIFICATION**

*This form expires on the last day of spring semester. Renewal is required for summer and fall employment annually.*

<b>Student Name</b>	<b>Last</b>	<b>First</b>	<b>Middle</b>	<b>Student ID Number</b>
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**STUDENT EMPLOYEE WORK STUDY AWARD INFORMATION**

Have you been awarded Work Study? Yes  No  If yes, will you use it for this position? Yes  No

Have you been awarded a GTA? Yes  No  If yes, Employing Department \_\_\_\_\_

**STUDENT INFORMATION (To Be Completed By Student)**

Permanent Mailing Address \_\_\_\_\_  
 (For mailing W2s) Street City State Zip

Telephone Number \_\_\_\_\_ Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female  Are you a US Citizen? Yes  No  If no, what country are you from? \_\_\_\_\_

Previously employed at Montana Tech? **No**  (complete entire Student Employment Hire Packet)

**Yes**  (complete Student Employment Certification Form only) Month/Year of last employment \_\_\_\_\_

Currently working at Montana Tech? Yes  No  Department(s): \_\_\_\_\_  
*(Note: Total hours per week cannot exceed 20. See policy online for details.)*

Year in School:

COT 1<sup>st</sup> yr  COT 2<sup>nd</sup> yr  FR

SO  JR  SR  Post Bacc  Grad

\_\_\_\_\_  
 Student Signature Date

**EMPLOYMENT INFORMATION (To Be Completed By Employer)**

***Please complete this section to insure proper wage rate and department/project is charged.***

Employing Dept. \_\_\_\_\_ Job Title \_\_\_\_\_

Hourly Wage (at least minimum wage) \$ \_\_\_\_\_ Stipend\* \$ \_\_\_\_\_ Monthly  Semester   
 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  Returning  Expected Employment Period From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
 M/D/Y M/D/Y

Approximate hrs/week \_\_\_\_\_ Send time cards to: \_\_\_\_\_ **Charge to Depart./Project #** \_\_\_\_\_  
 (If left blank, will go to the employer)

**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  No

\_\_\_\_\_  
 Employer Name & Email Address (please print) Employer Signature Date

**FOR OFFICE USE ONLY:**

WS/GTA Award accepted? Yes  No  Amount \$ \_\_\_\_\_ More than one WS job? Yes  No

Job Classification \_\_\_\_\_ Awarded Terms: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

1225 (NWS)  1226 (FWS)  1226(SFWS)  1228(SWS)  1228 (SSWS)  1126 GTA (BGA011)  1127 GRA (other dept.)