

Montana Tech Student Employment Certification

Student Success Center 3.126 Phone:406-496-4223

Renewal is required for summer and fall employment annually

SECTION 1: STUDENT INFORMATION (To Be Completed By The Student) *All fields must be completed or form will be returned*

Student ID	Student Last Name	Student First Name	Middle Initial
Permanent Mailing Address (Paychecks will be mailed here)		City	State
Zip Code			
Birth Date	Telephone Number	Email Address	
<input type="checkbox"/> Male <input type="checkbox"/> Female	I certify that I am: <input type="checkbox"/> A citizen of the United States <input type="checkbox"/> A noncitizen national of the United States <input type="checkbox"/> A lawful permanent resident <input type="checkbox"/> An alien authorized to work	Year in School: <input type="checkbox"/> 1 st year Highlands <input type="checkbox"/> 2 nd year Highlands <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Post Bacc <input type="checkbox"/> Grad	
Previously employed at Montana Tech within the last 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No: Complete entire Student Employment Packet			
Have you been offered work-study funding? (Work-study may only be used for one position) <input type="checkbox"/> No <input type="checkbox"/> Yes: will you use it for this position? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you been offered a GTA or GRA? <input type="checkbox"/> No <input type="checkbox"/> Yes: What department? _____	
Student Signature			Date

SECTION 2: EMPLOYMENT INFORMATION (To Be Completed By Supervisor) *All fields must be completed or form will be returned*

Employing Department	Job Title
For this position, employee is <input type="checkbox"/> New <input type="checkbox"/> Returning	Expected Employment Period Beginning _____/_____/_____ Ending _____/_____/_____ Month / Day / Year Month / Day / Year
Approximate hrs/week	
Hourly Wage (See Job Classification & Wage Guidelines) \$	Send timecards to:
Charge to Depart./Project #	
Job Description (Justification is REQUIRED if wage is above entry rate, complete the " Montana Tech Student Employment Justification for Higher Wage " form, see Job Classification & Wage Guidelines for more information)	

Supervisor Name (please print)	Email Address (please print)	Supervisor Signature	Date
--------------------------------	------------------------------	----------------------	------

SECTION 3: FOR OFFICE USE ONLY

WS offer accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$ _____	Offered Terms: Fall _____ Spring _____
Job Classification _____	<input type="checkbox"/> 1225 (NWS) <input type="checkbox"/> 1226 (FWS) <input type="checkbox"/> 1228 (SWS) <input type="checkbox"/> 1126 GTA <input type="checkbox"/> 1127 GRA	
WC: <input type="checkbox"/> Low <input type="checkbox"/> High	Semester Credits: Fall _____ Spring _____ Summer _____	