

Applicant Information Intake Form

NAU NORTHERN ARIZONA UNIVERSITY

College of Social and Behavioral Sciences

Personal Information

Full Name:	Last	First	Middle
Address:	_____		
	City	State	Postal Code
Phone:			Alt. Phone:
Social Security Number:			Birth Date:
Email:			

Please forward this form to the hiring supervisor; students complete section below.

Student Employees Complete This Section

Undergraduate

Graduate

Federal Work Study Eligible?

If you are currently employed on campus, list department:

Hours per week:

Supervisors Complete This Section

Student Wage

Part-Time Temp

Begin Date:

End Date:

Hourly rate: \$

of Hours per week:

Is this a Safety/Security Sensitive Position?

Position Title:

Funding Source/Speedchart:

Supervisor name:

Please send this form and Chair/Director email approval to department Administrative Associate.

Department Use Only

Hire Express entered:

HR Notification that process complete:

Background Check (if needed) complete:

ePAR ID and Date:

Date Executed:

Assignment of supervisor in Louie:

Notification to Supervisor and Student: