

STUDENT PROGRAM APPLICATION

All persons offered employment in the classified service are required to submit to and pass a preemployment drug test as a condition of employment. An applicant, who refuses to submit to or fails a preemployment drug test, interferes with a test procedure, or tampers with a test sample will be removed from all employment lists and disqualified from state employment for a period of three years. The state of Michigan is an equal opportunity employer, and government policy requires that consideration be given to all applicants without regard to race, color, religion, national origin, ancestry, disability, partisan consideration, age, or sex.

NAME (LAST, FIRST, M.I.)			MAJOR		*DEGREE/DATE		
STREET ADDRESS			High School _____		_____		
CITY		STATE		ZIP CODE		Vocational _____	
() -		EMAIL ADDRESS		Associate's _____		_____	
AREA CODE/TELEPHONE NUMBER			Bachelor's _____				
WILL YOU RECEIVE ACADEMIC CREDIT FOR YOUR WORK EXPERIENCE IN STATE GOVERNMENT?			Master's _____				
<input type="checkbox"/> NO			Doctoral _____				
<input type="checkbox"/> YES — How many credit hours? _____			*Enter Degree Granted or Expected Date of Graduation				
CHECK THE TYPE OF WORK YOU WOULD LIKE TO PERFORM			WHEN WILL YOU BE AVAILABLE FOR EMPLOYMENT?				
<input type="checkbox"/> Clerical-General Office Work			<input type="checkbox"/> Anytime				
<input type="checkbox"/> General Labor and Trades Work			<input type="checkbox"/> Summer Only				
<input type="checkbox"/> Institutional Work			Approximate Starting Date _____				
<input type="checkbox"/> Professional							
<input type="checkbox"/> Technical							
NAME OF EDUCATIONAL INSTITUTION ATTENDING							
I authorize my educational institution to verify basic information regarding my enrollment and class standing. I certify that the information on this application is accurate.							
SIGNATURE: _____			DATE: _____				
REQUIRED DOCUMENTATION REGARDING ENROLLMENT Proof of enrollment is required prior to a conditional offer of employment. NOTE: High school students must provide a working permit upon appointment.							
HIGH SCHOOL							
<input type="checkbox"/> Attach a copy of the most recent report card or progress review.							
<input type="checkbox"/> Telephone number and address of school: _____ TELEPHONE NUMBER: () - _____							
ADDRESS: _____							
HIGHER EDUCATION INSTITUTION (Check the box that applies and attach the requested information.)							
<input type="checkbox"/> Currently a student accepted to a higher-education institution, but not yet enrolled — attach a copy of the letter of acceptance.							
<input type="checkbox"/> Currently enrolled in a higher-education institution — attach proof of enrollment (e.g., tuition receipt) and a current transcript.							
FINANCIAL AID STUDENTS							
<input type="checkbox"/> Attach proof of enrollment (e.g., tuition receipt) and a current transcript.							
<input type="checkbox"/> Attach proof of financial aid.							
RACE/ETHNIC/GENDER INFORMATION OPTIONAL — FOR REPORTING PURPOSES ONLY							
WHITE	1	M	<input type="checkbox"/>	F	<input type="checkbox"/>		
BLACK (AFRICAN AMERICAN)	2	<input type="checkbox"/>	<input type="checkbox"/>	HISPANIC	4	<input type="checkbox"/>	
AMERICAN INDIAN/ALASKAN NATIVE	3	<input type="checkbox"/>	<input type="checkbox"/>	ASIAN/PACIFIC ISLANDER	5	<input type="checkbox"/>	
				MULTIRACIAL	6	<input type="checkbox"/>	