



# ABRAHAM BALDWIN AGRICULTURAL COLLEGE

Office of Human Resources

## STUDENT EMPLOYMENT REFERRAL FORM

Payroll:

GD \_\_\_\_\_

DD \_\_\_\_\_

TX \_\_\_\_\_

TLM \_\_\_\_\_

Entered \_\_\_\_\_

Date \_\_\_\_\_

**STUDENT:** *Please fill in all blanks in this section.*

Please visit <http://www.abac.edu/more/human-resources/employment-opportunities> for job opportunities (Student Jobs on Campus). Schedule an interview with the appropriate contact listed and take this form with you to the interview. Make sure this form is completed and signed by the supervisor before bringing it to the Human Resources office on the 1<sup>st</sup> Floor of Herring Hall.

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Initial

\_\_\_\_\_

ADP #

\_\_\_\_\_

Permanent Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

County

\_\_\_\_\_

Zip

\_\_\_\_\_

Telephone #

\_\_\_\_\_

ABAC Email Address

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Sex

\_\_\_\_\_

Race

\_\_\_\_\_

Marital Status

\_\_\_\_\_

Banner #

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

### Office of Financial Aid:

Eligible? YES / NO

FWS Award Amount: \_\_\_\_\_

\_\_\_\_\_

Office of Financial Aid - Signature

\_\_\_\_\_

Date

**EMPLOYER:** *Please fill in either the Regular or FWS section entirely.*

After completing the appropriate blanks, **PLEASE MAKE A COPY FOR YOUR DEPARTMENT.**

#### Regular:

Supervisor: \_\_\_\_\_

\_\_\_\_\_

Hourly Wage

\_\_\_\_\_

Position #

Desired Start Date: \_\_\_\_\_

\_\_\_\_\_

Employer's Signature

\_\_\_\_\_

Date

#### FWS:

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Desired Start Date: \_\_\_\_\_

\_\_\_\_\_

Employer's Signature

\_\_\_\_\_

Date

### Human Resources Office:

Term: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\_\_\_\_\_

Job Placement Signature