

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		Vocational _____		_____		
ZIP CODE		EMAIL ADDRESS		Associate's _____		_____		
AREA CODE/TELEPHONE NUMBER			WILL YOU RECEIVE ACADEMIC CREDIT FOR YOUR WORK EXPERIENCE IN STATE GOVERNMENT?		Bachelor's _____		_____	
<input type="checkbox"/> NO			<input type="checkbox"/> YES — How many credit hours? _____		Master's _____		_____	
<input type="checkbox"/> YES — How many credit hours? _____			<input type="checkbox"/> Professional		Doctoral _____		_____	
<input type="checkbox"/> General Labor and Trades Work			<input type="checkbox"/> Technical		*Enter Degree Granted or Expected Date of Graduation			
<input type="checkbox"/> Institutional Work			<input type="checkbox"/> Anytime		_____			
<input type="checkbox"/> Professional			<input type="checkbox"/> Summer Only		Approximate Starting Date _____			
<input type="checkbox"/> General Labor and Trades Work			WHEN WILL YOU BE AVAILABLE FOR EMPLOYMENT?					
<input type="checkbox"/> Institutional Work			<input type="checkbox"/> Anytime					
NAME OF EDUCATIONAL INSTITUTION ATTENDING			<input type="checkbox"/> Summer Only					
NAME OF EDUCATIONAL INSTITUTION ATTENDING			Approximate Starting Date _____					
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	M	F		M	F			
	1 <input type="checkbox"/>	<input type="checkbox"/>	HISPANIC	4 <input type="checkbox"/>	<input type="checkbox"/>			
BLACK (AFRICAN AMERICAN)	2 <input type="checkbox"/>	<input type="checkbox"/>	ASIAN/PACIFIC ISLANDER	5 <input type="checkbox"/>	<input type="checkbox"/>			
AMERICAN INDIAN/ALASKAN NATIVE	3 <input type="checkbox"/>	<input type="checkbox"/>	MULTIRACIAL	6 <input type="checkbox"/>	<input type="checkbox"/>			