



# STUDENT EMPLOYMENT APPOINTMENT FORM

FA

Part I is completed by student and Part II is completed by department, return all paperwork to The College Foundation French Hall

**PART I - To be completed by student**

(Must be enrolled in SUNY classes during period of employment) REV 06/16

Name \_\_\_\_\_ US Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(First, Middle Initial, Last \*\* (Must Match Social Security Card) Male \_\_\_\_\_ Female \_\_\_\_\_ Campus Email Address \_\_\_\_\_

Legal Home Address (not PO Box) \_\_\_\_\_  
(Number, Street, Apt#) (Town) (State) (Zip Code)

Other Address (PO Box or other) \_\_\_\_\_ Phone # (Cell Y or N) ( ) \_\_\_\_\_  
(Number, Street, Apt#) (Town) (State) (Zip Code)

US Citizen? \_\_\_Yes \_\_\_ No \*If no you must contact the Office of Human Resources for proper employment verification.

Ethnicity: Hispanic \_\_\_Yes \_\_\_No Race: Select all that apply: \_\_\_ White \_\_\_ American Indian or Alaska Native \_\_\_ Black or African American \_\_\_ Asian \_\_\_Native Hawaiian & other Pacific Islander

Highest Educational Level Completed: \_\_\_High school only \_\_\_AA \_\_\_AS \_\_\_BA \_\_\_BS \_\_\_MA \_\_\_MS Name of College: \_\_\_\_\_ Date of graduation (MM/YY) \_\_\_\_\_

Veteran status: \_\_\_ Non Veteran \_\_\_ Active Military Duty \_\_\_ Active National Guard \_\_\_ Active Reserve \_\_\_ Active Duty Wartime or Campaign Badge Veteran \_\_\_ Armed Forces Service Medal Veteran \_\_\_ Disabled Veteran  
\_\_\_ Not a Protected Veteran \_\_\_ Other Protected Veteran \_\_\_ Special Disabled Veteran \_\_\_ Vietnam Era Veteran

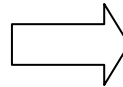
New York State Employees' Retirement System (NYS ERS) - **Select one:**

- \_\_\_ I am **currently** a member of New York State Employees' Retirement System
- \_\_\_ I would like to **join** the New York State Employees' Retirement System (**enrollment form is required and available in Human Resources**)
- \_\_\_ I choose **NOT** to enroll at this time; **I understand that I am eligible to join** the New York State Employees' Retirement System.

Direct Deposit:

- \_\_\_ I would like to enroll in direct deposit. (**Enrollment form is required and available in Human Resources**)
- \_\_\_ I was previously enrolled in direct deposit (**Please contact Human Resources for the required verification of banking information**)
- \_\_\_ I do **NOT** want direct deposit

\*\*\*\*\* I certify these answers are correct to the best of my knowledge and ability.



\_\_\_\_\_  
(Signature of Student)

\_\_\_\_\_  
(Date)

Important campus policies as well as the Student Employment Handbook are available on the Student Employment web site: [https://www.canton.edu/fin\\_aid/documents/Student\\_Employment\\_Handbook.pdf](https://www.canton.edu/fin_aid/documents/Student_Employment_Handbook.pdf)

**Part II - To be completed by department**

\*\*All persons authorized to sign timesheets **sign and print** name below

Department \_\_\_\_\_ Account # \_\_\_\_\_  
(Sign) (Print)

Employment Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ Hourly Rate \$ \_\_\_\_\_ Allocation\$ \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY) (Sign) (Print)

Signature of department head/budget approval \_\_\_\_\_ Printed name \_\_\_\_\_ (Date) \_\_\_\_\_  
(Sign) (Print)

**OFFICE USE ONLY**

Award Amount \$ \_\_\_\_\_ W 4 \_\_\_\_\_ IT2104 or 2104E \_\_\_\_\_ I-9 \_\_\_\_\_  
Enrolled in Classes: Full-Time \_\_\_ Part-Time \_\_\_ Change FICA Indicator \_\_\_\_\_ HIR \_\_\_ CCH \_\_\_ REH \_\_\_ Active \_\_\_\_\_