

**Social Science Research Center
Mississippi State University
Undergraduate Student Assistant Application
Page 1**

Name: _____ MSU ID #: _____

Year in School (check one): _____ Anticipated Graduation Date: _____

Freshman

Sophomore

Junior

Senior

Major(s): _____

Local Address/Telephone:

Permanent Address/Telephone:

Local Street Address

Permanent Street Address

Local Address: City, State Zip Code

Local Phone #

Permanent Address: City, State Zip Code

Permanent Phone #

Please describe your skills and experience (i.e., research experiences, office work, computer skills, etc.):

Please list past employment experiences (employer, dates employed, duties, telephone number):

Please list three (3) references and provide their addresses and telephone numbers.

1. _____
2. _____
3. _____

I understand that undergraduate student assistant appointments in the Social Science Research Center are dependent upon the needs of the Center and the availability of funding. Each undergraduate assistant seeking continued employment in the Center must reapply each semester, maintain his/her MSU student status and have satisfactory job performance in order to be considered for reappointment..

Student's Signature

Date

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NAME: _____

The following information is required for official MSU Employment Action Forms:

Sex: Male **Marital Status:** Single **Date of Birth:** _____
 Female Married

Ethnic Identification: **Citizenship Status:**
 White United States
 Black – African American Other (Specify) _____
 Hispanic
 Asian/Pacific Islander
 American Indian/Alaskan Native

For New Applications:

Send application to: **SSRC Undergraduate Assistant Pool, P.O. Box 5287, Miss. St., MS 39762**
or deliver to: **SSRC, 1 Research Blvd., Suite 103, in the Research Park**

For Applications for Reappointment:

Deliver application to your supervisor

Request from Supervisor and Approval by the Director is Required Below:

Rate of Pay: _____ **Position:** _____

Period of Employment **from:** _____ **to:** _____

Funding Source: _____

Date IRB Training Completed: _____

Signature of Supervisor: _____ **Date:** _____

Signature of Director: _____ **Date:** _____