

# Auxiliary Employee

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

SS#: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_  Home  Cell

Department Working in: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date (if known): \_\_\_\_\_

**Please read and understand this statement before signing your application.**

I certify that the information I have provided in this form is true, correct, and complete. False, incomplete, or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am an auxiliary employee, cause for immediate discipline, up to and including the disabling of my account at Mansfield University.

I fully understand and accept all terms and conditions in the above statement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_