

University of Dallas Student Employment Information and Agreement

Last Name	First Name	Middle Name	UD ID
Residence Hall and Number		UD Box #	Email Address
Local Address If Living Off-Campus (Street, City, State, Zip)			Phone Number

Are you prevented from lawfully becoming employed in the country because of Visa or Immigration status? YES NO
(Proof of citizenship or immigration status will be required upon employment.)

Major	Anticipated Graduation Date

STUDENT EMPLOYEE CONFIDENTIALITY AGREEMENT. I understand, that as a student worker at the University of Dallas, I am in a position to see and hear confidential information regarding students, departments, faculty, staff, and/or pertaining to the University. I do hereby agree that I shall avoid disclosing any and all confidential information gained by my position of employment of the University.

I understand that under federal law and University policy, student records are protected from disclosure to third parties except under special circumstances and that other confidential records must not be disclosed.

I agree to maintain the confidentiality and privacy of all such records during and after my period of employment at the University of Dallas. I shall not, directly or indirectly, communicate to any person other than my supervisor, or an individual approved by my supervisor, any information concerning such records. Any such communication will be grounds for termination, prohibition of future employment and/or dismissal from the University of Dallas.

Signature: _____ Date: _____

STUDENT EMPLOYEE STATEMENT. I certify that the answers given herein are true and complete to the best of my knowledge.

I hereby understand and acknowledge that, unless defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand that this form does not guarantee employment at the University of Dallas. In the event of employment, I understand that I am required to abide by all rules and regulations of the employer, including those of an off-campus employer.

I have read and understand the above statement: Signature: _____ Date: _____