

Graduate Assistantship Application

Department of Computer Science

University of Nebraska at Omaha

EMPLOYER'S STATEMENT. The University of Nebraska at Omaha adheres to the equal employment opportunity guidelines set forth by state and federal laws. The information contained on this form is sought in good faith and will not be used in any way to discriminate against any application on the basis of race, religion, national origin, age, disability, or sex.

INSTRUCTIONS TO APPLICANT. Please use black ink or typewriter. Answer all questions completely and sign and date this form where indicated. *Please attach a copy of your transcript to the application.* International students should include their TSE score (or TOEFL score if TSE is not available.)

1. Position

For what position are you applying? _____
Department

2. Personal Information

Name _____
Last First M.I. SS#

Address _____
Street City State Zip Code

Home Telephone: _____ Work Telephone: _____

3. Educational Record

College or University City and State	Date From To	Credit Hours	Major/Minor	Degree	GPA

4. Employment History

Employer City and State	Date From To	Duties

5. Publications/Creative Work

Please provide full references to any publications and/or creative project you have produced:

1. _____
2. _____
3. _____

6. Professional References

when possible, please have your references sent letters of recommendation directly to the department chair. Letters of recommendation are **very** important

Name _____
Address _____

Name _____
Address _____

Name _____
Address _____

- I certify that information provided is accurate to the best of my knowledge; that I am currently admitted to the UNO College of Graduate Studies; that I am am not a citizen of the United States. I understand that any wages earned are subject to State, Local, and Federal taxes and authorize the University to deduct those taxes required. I understand that any falsification on this form can be cause for termination and authorize and request each and every former employer, person, firm or corporation to answer any and all questions that may be asked and herewith hold such persons harmless for giving any and all information within their knowledge or records. I understand my rights are protected as prescribed by law.

Signature _____
Date _____

Department Use Only: