

# GRADUATE ASSISTANTSHIP APPLICATION

DEPARTMENT OF MATHEMATICS  
UNIVERSITY OF NEBRASKA AT OMAHA  
DSC 203  
Omaha, NE 68182-0243

**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 (or TOEFL) score.

**Position** For what position are you applying? \_\_\_\_\_

## Personal Information:

Name: \_\_\_\_\_  
Last First MI SSN

Address: \_\_\_\_\_  
Street City State ZIP

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

## Educational Record

College/University	Date	Credit	Hours	Major/Minor	Degree	GPA
College/University	Date	Credit	Hours	Major/Minor	Degree	GPA
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### Employment History

Employer	Date	Duties
Employer	Date	Duties
Employer	Date	Duties
Employer	Date	Duties
Employer	Date	Duties

### Publications/Creative Work

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

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### Professional References

When possible, please have your references sent directly to the department chair. Letters of recommendation are very IMPORTANT.

Name/Address \_\_\_\_\_

Name/Address \_\_\_\_\_

Name/Address \_\_\_\_\_

I certify that the 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 required. I understand that any falsification of 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