

# EMPLOYMENT AFFIDAVIT

**TO: The Applicant**

Fill out the spaces above the dotted line and have the Affidavit below the dotted line filled out by the employer. The affidavit should be returned to the Office of Admissions and Records , McMullen Hall, Room 107, 1500 University Drive, Billings, MT 59101.

Student SS# \_\_\_\_\_

**TO: The Employer**

\_\_\_\_\_ has requested in-state status at MSU-Billings based upon the status of  
(Applicant name)

\_\_\_\_\_ as an employee of your company in a full-time permanent job. Please  
(Employee name)

complete and have notarized the Affidavit below and return to MSU-Billings. If you have questions please call our office at (406) 657-2158. Thank you.

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I hereby certify that \_\_\_\_\_ is employed by \_\_\_\_\_,  
(Employee name) (Firm name)

located at \_\_\_\_\_ in a full-time, permanent job. This employment was  
applied for \_\_\_\_\_, was offered on \_\_\_\_\_, and actually began on \_\_\_\_\_.  
(Date) (Date) (Date)

Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_  
Notary Public of the State of \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_