



**WASHINGTON STATE ATHLETICS
OFFICE OF COMPLIANCE
STUDENT-ATHLETE EMPLOYMENT APPLICATION**

****TO BE COMPLETED BY ALL STUDENT-ATHLETES PRIOR TO THE START OF EMPLOYMENT***

Name of Student-Athlete: _____ Today's Date: _____ Sport: _____

WSU ID#: _____ Period of Employment: ☐ Academic Year _____

☐ Vacation Periods _____

Employer: _____

Job Title: _____ Date employment starts: _____

Date employment ends: _____

Approximate hours of work per week: _____

As a student-athlete of **Washington State University** desiring employment, I agree to comply with the following procedures as well as all NCAA rules and regulations which are provided to all student-athletes each semester:

1. I am obligated to represent myself and my university by diligent work habits, honest communication and respectful conduct toward my employer at all times.
2. I understand that I will be paid only for actual hours worked and that my pay is based upon a rate which is the same rate paid to other employees doing similar work in the area.
3. I will not accept any benefits or privileges that are not available to other employees doing similar work, including transportation provided or arranged by my employer to or from my place of employment.
4. I will immediately report to the **Compliance Office** any improper privileges or benefits offered to me or received by me and any NCAA rules violations of which I am aware.
5. I understand that my work will be supervised and that if my work is not satisfactory, or if I fail to appear on time and regularly, my job may be terminated.
6. By signing this employment agreement, I give my permission for my employer to release all employment records or documents to the University, the Conference and the NCAA.
7. If either I or my employer decides to end my employment, I will immediately communicate with the **Compliance Office** before such action is taken.
8. I have been provided with the information detailing the NCAA rules related to student-athlete employment and agree to strictly adhere to them.
9. I understand that failure to abide by the Employment Program procedures and NCAA rules and regulations could be contrary to NCAA unethical conduct legislation. Further, I understand that any violation of NCAA rules could seriously affect my athletic eligibility and financial aid.

By signing this statement, the student-athlete and employer agree that:

- The student-athlete may not receive any remuneration for the value or utility that the student-athlete may have for the employer because of the publicity, reputation, fame or personal following he or she has obtained because of athletics ability;
- The student-athlete is to be compensated only for work actually performed;
- The student-athlete is to be compensated at a rate commensurate with the going rate in that locality for similar services; and,
- The employer and student-athlete will make available for review and inspection, by an authorized representative at the NCAA, or applicable Conference of the University, copies of all documents, earnings statements and other records related to the employment.

Signature of Student-Athlete

Date

Signature of Employer

Date



**WASHINGTON STATE ATHLETICS
OFFICE OF COMPLIANCE
STUDENT-ATHLETE EMPLOYMENT FORM**

****TO BE COMPLETED BY EMPLOYER**

Student-Athlete Name: _____ Date: _____

Contact Person: _____

Company Name: _____ Phone number: _____

Address: _____

City: _____ State & Zip Code: _____

Brief Job Description and Title for Each Position: _____

Hourly/Weekly Rate: \$ _____ Anticipated Work Hours/Week: _____

Payment will be made by (Check all that apply): ☐ Check ☐ Cash ☐ Tips ☐ Other: _____Payment will be made on a commission basis: ☐ Yes ☐ NoHave you employed student-athletes in the past? ☐ Yes ☐ NoIf yes please describe in detail: _____
_____Did a member of the athletics department or a representative of athletics interest assist in arranging this employment? ☐ Yes ☐ NoIf so please describe: _____
_____Please describe any benefits that would be made available to the student-athlete (e.g., insurance, transportation):

Completed by: _____ Title: _____

(Please Print)

Signature: _____

Employer: Please return this form to:Compliance Office Bohler 285
Washington State University, PO Box 641602,
Pullman, WA 99164-1602
Fax: (509) 335-0208