



Application for Student Employment

Information

Name:	ID No:	Date:
Address:	City/State/Zip:	Phone:
Emergency Contact:	Relation:	Phone:

Classification

<u>Freshman</u> <input type="checkbox"/>	<u>Sophomore</u> <input type="checkbox"/>	<u>Junior</u> <input type="checkbox"/>	<u>Senior</u> <input type="checkbox"/>	<u>Graduate</u> <input type="checkbox"/>
Major:		Minor:		

GPA _____

Expected Graduation Date _____

How many credit hours are you enrolled in? _____

For which semester are you applying?

 Fall Spring Summer

A new application must be filled out each semester.

How many hours per week do you want to work? _____

Do you qualify for Work Study? Yes

No

Experience

Community/Campus Involvement:
Computer Skills and Software Used:
Office/Clerical:
Other Machines/Equipment Used:
Additional Skills or Qualifications:

Schedule

(Place an "X" on times when you are in class or not available for work).

	Monday	Tuesday	Wednesday	Thursday	Friday
8-9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9-10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10-11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3-4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4-5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employment History *(List most recent first.)*

Employer:		City, State:	
Supervisor:	Phone:	Dates Employed:	
Job Description and Responsibilities:			

Employer:		City, State:	
Supervisor:	Phone:	Dates Employed:	
Job Description and Responsibilities:			

Employer:		City, State:	
Supervisor:	Phone:	Dates Employed:	
Job Description and Responsibilities:			

Signature _____

Date _____