



STUDENT EMPLOYMENT APPLICATION

Answer all questions completely. Complete this form and take it to the department to which you are interested in applying.

IDENTIFYING INFORMATION

Date:	<input type="checkbox"/> Student Assistant	<input type="checkbox"/> Federal Work Study	Student ID#	
Last Name:	First Name:	Middle Name:	Nick Name:	
Street Address:		City:	State:	Zip:
Home Phone (w/area code):		Alternate Phone:	Email:	
Year in College: <input type="checkbox"/> Fr <input type="checkbox"/> So <input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/> Post Bac/Credential		# of units: Fall	# of units: Spring	
Major:				

AVAILABILITY

Mark out (X) the hours when you have classes or when you are "unavailable" to work

	M	T	W	TH	FR	SA	SU
7 am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After 6 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SKILLS ASSESSMENT

Check the skills in which you have previous experience.

- | | |
|--|---|
| <p>OFFICE RELATED</p> <input type="checkbox"/> Filing
<input type="checkbox"/> Phones
<input type="checkbox"/> Bookkeeping
<input type="checkbox"/> 10-key
<input type="checkbox"/> Copy Machine
<input type="checkbox"/> Typing
<input type="checkbox"/> Address Labels
<input type="checkbox"/> Letters
<input type="checkbox"/> Other: | <p>COMPUTER USE</p> <input type="checkbox"/> Word Processing
<input type="checkbox"/> Programming
<input type="checkbox"/> Spreadsheets
<input type="checkbox"/> Data Entry
<input type="checkbox"/> Webpage
<input type="checkbox"/> Flyers/Design
<input type="checkbox"/> Drafting
<input type="checkbox"/> Electrical Shop
<input type="checkbox"/> Painting |
| <p>LABORATORY</p> <input type="checkbox"/> Physical Sciences
<input type="checkbox"/> Biological Sciences
<input type="checkbox"/> Other: | <p>SALES</p> <input type="checkbox"/> Cash Register
<input type="checkbox"/> Other: |
| <p>LIBRARY</p> <input type="checkbox"/> Shelving/Inventory
<input type="checkbox"/> Automated Systems
<input type="checkbox"/> Catalog
<input type="checkbox"/> Tutoring/T.A. | <p>FOOD SERVICE</p> <input type="checkbox"/> Kitchen
<input type="checkbox"/> Serving Line
<input type="checkbox"/> Waiter
<input type="checkbox"/> Recreation
<input type="checkbox"/> Other: |

ARE YOU ELIGIBLE TO WORK IN THE U.S.? YES NO

WORK HISTORY

NAME OF EMPLOYER	BEGINNING & ENDING	DUTIES (INCLUDE BRIEF DESCRIPTION)

STUDENT SIGNATURE _____

DATE _____