



STUDENT EMPLOYMENT APPLICATION

Date

First Name M.I. Last Name

Mark desired area of employment: Office Assistant Involvement Peer Both

Campus Phone Pager/Cell Phone Home Phone Email Address

Campus/School Address: _____ Home Address: _____

Major: _____
Credits Taking # Credits Completed GPA

Year in School: Freshman Sophomore Junior Senior

Are you eligible for a Federal Work-Study Grant? yes no If yes, provide a copy of your award statement.

Are you employed elsewhere on campus? yes no If yes, where? _____

How many hours per week can you work? _____ Days you can work: S M T W TH F S

References: _____
Name Relationship Phone
_____ Name Relationship Phone

Why do you want to work in the Office of Student Life? _____

Past Employment History

From	To	Position	Company	Supervisor	Phone

I give the Office of Student Life permission to review my academic and student conduct records.

Signature Date

Office Assistant Work Schedule

Name: _____ Effective Date _____

Phone # _____ Email _____

_____ SUMMER 08 _____ FALL 08 _____ WINTER 09

(Please indicate the hours you are available to work)

	Monday	Tuesday	Wednesday	Thursday	Friday
9:00					
9:30					
10:00					
10:30					
11:00					
11:30					
12:00					
12:30					
1:00					
1:30					
2:00					
2:30					
3:00					
3:30					
4:00					
4:30					
5:00					

No. of hours desired _____

Notes:

