



Application for Student Employment



Date: _____

Name: _____
Last First Middle

Home Address: _____
Street City State/zip Home phone Personal e-mail

College Address: _____
room # Dorm Phone number Student e-mail

Social Security # _____ Birthdate: _____

Class Rank: FR SO JR SR Major(s): _____

Name of department/manager this application is for: _____

Employment Experience

Employer	Address	Dates	Position

Skills

- Microsoft Office typing wpm: _____ customer service skills tutoring
- attention to detail organizational art/graphics housekeeping
- filing writing/publicity child care
- athletic food service music

List any specialized training: _____

Other Skills: _____

Class/Lab Schedule

	Start Time	End time	Start	End	Start	End	Start	End
Mon								
Tues								
Wed								
Thurs								
Fri								

Hours Available for Work

Student employees must not exceed 20 hours/week

	Start Time	End time	Start	End	Start	End	Start	End
Mon								
Tues								
Wed								
Thurs								
Fri								
Sat								
Sun								