

Job Title: _____ Department: _____

Student Information

Last Name: _____ First Name: _____ Middle Initial: _____

University ID: _____ Email: _____

Phone Number: _____ Cell Phone Number: _____
Include Area Code Include Area Code

Local Street Address: _____ City: _____ State: _____

Permanent Address: _____ City: _____ State: _____

Work Availability Desired number of hours/week _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Class schedule upcoming term.							
Hours available to work in upcoming term.							

Please indicate if you are available to work the following times. Check **all** that apply:

Summer Break
Week-ends

Winter Break
Early Mornings

Spring Break
Late Evenings

General Office Skills:

Computer/Software/Technical/Lab Skills:

Class Level: _____ Major: _____ Cumulative GPA: _____

Have you ever worked on campus? Yes No

Do you have a Federal Work Study Award? Yes No Work Study Award Amount \$ _____

*Submit a screen capture of WINGS Federal Work Study award notification with your application.

Employment and Volunteer History (Please start with most recent employment).

Dates Employed: _____ to _____ Employer: _____

Job Title: _____ Supervisor: _____ Phone No. _____
Include Area Code

Duties:

Reason for leaving: _____

Dates Employed: _____ to _____ Employer: _____

Job Title: _____ Supervisor: _____ Phone No. _____
Include Area Code

Duties:

Reason for leaving: _____

Dates Employed: _____ to _____ Employer: _____

Job Title: _____ Supervisor: _____ Phone No. _____
Include Area Code

Duties:

Reason for leaving: _____

*When submitting this application electronically, I understand that my typed name serves as my signature.
I certify that all statements in this application are true and accurate. I understand that making false statements is reason for being denied employment or for having my employment terminated.

Signature

Date