

**Application for**

**Student Employment**

Interview Date: OSHA: Yes No

Job File #: INS: Yes No

Work Program: Amount Awarded:

Name:

 Last First M.I.

Local Address:

 City State ZIP

Permanent Address:

 City State ZIP

Local Phone: ( ) Permanent Phone: ( )

M U # : | | | | | - | | | | |

Year in School: Fr So Jr Sr Grad Major: Minor:

**Previous Employment History**

**Previous Employment On Campus:** Yes  No (If Yes, list below)

Department: Job Title:

Duties:

Dates: to Supervisor: Phone:

Reason for Leaving:

Department: Job Title:

Duties:

Dates: to Supervisor: Phone:

Reason for Leaving:

Additional Employment Not Listed: Yes  No

**Previous Employment Off Campus:** Yes  No (If Yes, list below)

Employer: Job Title:

Duties:

Dates: to Supervisor: Phone:

Reason for Leaving:

Employer: Job Title:

Duties:

Dates: to Supervisor: Phone:

Reason for Leaving:

Additional Employment Not Listed:  Yes  No

**Please List Applicable Skills:**

Clerical/Office:

Technical/Mechanical:

Service/Physical Plant:

Skilled Crafts:

Date Available to Work:

 Please send or take this application to the department to which you are applying. SE02-92

Please fill out a copy of your class schedule and any other commitments, which would prevent you from working in any slot.

Time Mon. Tues Wed. Thurs. Fri. Sat. Sun.

7:00

8:00

9:00

10:00

11:00

noon

1:00

2:00

3:00

4:00

5:00

6:00

7:00

8:00

9:00

SE02-92