

STUDENT STAFF EMPLOYMENT APPLICATION
NDSU WELLNESS CENTER CHILD CARE

Name: _____ Date: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Number: _____

Date of Birth: _____ Number of hours interested in working: _____

ARE YOU A STUDENT AT NDSU TAKING MORE THAN 6 CREDITS? YES ___ NO ___

School Address: _____ NAID# _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Year in College Freshman Sophomore Junior Senior Grad

Major: _____ Advisor: _____

Grade Point Average: Last Semester _____ Cumulative _____

ARE YOU CERTIFIED IN: CPR _____ First Aid _____ AED _____

ARE YOU ELIGIBLE FOR WORK STUDY? YES NO

If yes, how many hours per week? _____

A copy of your class schedule is required with the completion of this application.

I understand that by signing this form I give permission to the Wallman Wellness Center to do an academic background check. I also know that if I drop below the required full-time academic status, I am responsible for notifying my supervisor.

Signature: _____ Date: _____

Name of Employer _____

Address _____

Job Title _____ Ending Salary _____

Length of time in position _____ Number of hours worked per week _____

Name of Employer _____

Address _____

Job Title _____ Ending Salary _____

Length of time in position _____ Number of hours worked per week _____

Name of Employer _____

Address _____

Job Title _____ Ending Salary _____

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