PHONE JACKS APPLICATION

NAME:			SSN:	<u> </u>
MAILING ADDRESS	FIRST	Preferred		
	Стту	STATE	Zıp	
PHONE NUMBER EMAIL:				·
HIGH SCHOOL		NAME OF SCHOOL	Gradua	TION YEAR
COLLEGE/UNIVERSOTHER_	SITY			
DO YOU CURRENTLY HAVE ARE YOUR HOURS:	IF SO, WHE			
EMPLOYMENT HIS?				
Position/Title				
EMPLOYED FROM				
SALARY:				
DESCRIBE DUTIES IN DETAIL	ù :			
REASON FOR LEAVING:				
COMPANY				
POSITION/TITLE				
EMPLOYED FROM		TO		
SALARY:				
DESCRIBE DUTIES IN DETAIL	: :			
REASON FOR LEAVING:				

DO YOU HAVE ANY TELEMARKETING IF YES, DESCRIBE:	G EXPERIENCE? () YES () NO
WHY DO YOU WANT TO BE A PHONATHON	Caller?
DESCRIBE ANY CAMPUS/COMMUNIT YOU ARE INVOLVED:	TY/OR OTHER ACTIVITIES IN WHICH
SELECT THE SHIFTS ARE YOU AVAIL	LABLE TO WORK (MUST WORK AT LEAST 2):
() SUNDAY, 1:30-5:00 P.M.	() SUNDAY, 5:30-9:00 P.M.
() MONDAY, 5:30-9:00 P.M.	() TUESDAY, 5:30-9:00 P.M.
() WEDNESDAY, 5:30-9:00 P.M.	() Thursday, 5:30-9:00 p.m.
EXCEPTIONS:	
LIST YOUR TOP TWO (2) SHIFT PREF	TERENCES:
APPLICANT SIGNATURE	

Please turn in your application to the SDSU Foundation Phone Center, 815 Medary Avenue, Suite 105 (lower level). If you have any questions, contact Elaine Brown @ 697-7475 Ext. 3023