

| Applicant's NameCo-op, if applicable | | | | | | | | | | |
|--------------------------------------|--|--|---|--|--------------------------------|------------|------------|------------|-----------|-------------------|
| For which | ch semes | ster are y | ou applyii | ng for on- | -call work | ? | | | | |
| Are you | ı a curren | t co-op n | nember? | lf | not, have | you ever | been a | co-op me | mber? _ | |
| Address | s, if not c | urrent livi | ng in the | BSC: | | | | | | |
| Phone # | # | | | _ | E-mail ac | dress: | | | | |
| What's | the best v | way to co | ntact you | ? | | | | | | |
| PLEASI | E GIVE L | JS YOUR | SCHED | JLE FOF | R THE SE | MESTER | : | | | |
| applica | ition so v | ve know | when yo | u are av | be valid? if your seailable to | work) | | | | te your |
| | 8 am | 9am | 10 am | 11 am | noon | 1pm | 2pm | 3pm | 4pm | eves |
| Mon | | | | | | • | ļ · | | <u> </u> | |
| Mon Tues | | | | | | | | | | + |
| Wed | | | | | | | | | | + - |
| Thur | | | | | | | | | | |
| Fri | | | | | | | | | | |
| Sat | | | | | | | | | | |
| Sun | | | | | | | | | | |
| Are you Are you Do you | do (lift, d willing a willing a possess | rive, etc) nd able to nd able to a valid do | , and what o perform to lift up to river's lice | at you are manual 50 lbs re ense? | willing ar | nd not wil | ling to do | o: | | ow what you can a |
| tempora Central | mark the ary assigr Office _ Kitchen | nments: | | ow that y | ou would | like to be | contact | ed by in t | the event | of |
| Central | Maintena | ance | | | | | | | | Page 1 of 3 |

Please fill out the skills summary for each department that you would like your application referred to. A rating of 1 indicates you have no experience in this area. A rating of 5 indicates that you could do most jobs well and without supervision.

Office Skills Summary

| Unskilled | Very Skilled |
|-----------|--------------|
|-----------|--------------|

| | 1 | 2 | 3 | 4 | 5 | |
|-------------------------|---|---|---|---|---|--|
| Data entry | | | | | | |
| Word processing | | | | | | |
| Excel spreadsheets | | | | | | |
| Layout/design/web | | | | | | |
| Copy machines | | | | | | |
| Other office equipment | | | | | | |
| Credit card machines | | | | | | |
| Public contact (phones) | | | | | | |
| Business correspondence | | | | | | |
| Cashiering | | | | | | |

Food/WarehouselDelivery Skills Summary

Unskilled Very Skilled

| | 1 | 2 | 3 | 4 | 5 | |
|-----------------------|---|---|---|---|---|--|
| Driving | | | | | | |
| Packing | | | | | | |
| Delivery | | | | | | |
| Inventory | | | | | | |
| Industrial Cleaning | | | | | | |
| Data Entry | | | | | | |
| Answering phones | | | | | | |
| Compiling orders | | | | | | |
| Storage procedures | | | | | | |
| Safety and sanitation | | | | | | |

Maintenance Skills Summary

Skilled Very Skilled

| | 1 | 2 | 3 | 4 | 5 |
|------------------|---|---|---|---|---|
| Appliance Repair | | | | | |
| Carpentry | | | | | |
| Doors | | | | | |
| Electrical | | | | | |
| Gardening | | | | | |
| Locks | | | | | |
| Painting | | | | | |
| Plaster/Drywall | | | | | |
| Roofing | | | | | |
| Windows | | | | | |

| Please tell us about the exsummary page. How did y | sperience you have that supports the ratings you've given yourself in the ski ou acquire these skills (job, training program. parents)? | lls |
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| Please tell us about any o | ther skills or experience you have that would be useful as an on-call worker | |
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| The information contained | in this application is true to the best of my knowledge | |
| | | |
| Signature | Date | |