

## **Student Employment Application**

Personal Information				
Name				
Last		First	MI	
Student # <b>E</b>	Last	Four digits of Social S	Security #	
Local Address				
Permanent Address				
	City	State	Zip	
Email address:				
Cell phone Number: (	)			
	Off	ice Skills		
Experience in (check all	that apply):	Are you wi □ File	Are you willing to (check all that apply):	
☐ Office Machines (X	erox, fax, etc.)		☐ Process Incoming Mail	
☐ Computer Experience	ce		☐ Stuff Envelopes	
		□ Answer	telephones	
For which semester(s) a	re you applying?	□ Fall □ Winter □ Sp	ring   Summer	
Amount of awarded wor	k study	FallWinter	SpringSummer	
Year in school	Year in school Expected graduation date:			
Hours available to work	for Fall, Winter,	Spring, or Summer (c	circle one)	
Mon Tues		Thurs	- <u></u> Fri	

Employment History				
Name of Employer	Address	<b>Dates Employed</b>		
Have you ever worked or	n-campus before?			
If yes, where?				
	Qualificatio	ns		
What do you feel are you	r strengths?			
What qualifications do yo	ou possess that would bene	fit the Office of Financial Aid?		
	, you are granting the Office o	of Financial Aid permission (under FERPA ount information.		
Student Signature		Date		
	resume you would like us to o attach it to this application	consider in making an employment 1.		
	For Office Use O	nly		
Date of Interview	Hired? 🗆 Ye	s □ No		
First semester of employs	ment			
Area Assigned	Supervisor	Pay Rate		