

APPLICATION FOR STUDENT EMPLOYMENT AUXILIARY ENTERPRISES

| | | | |
|----------------|--|--------------|--|
| Spire # | | SSN # | |
|----------------|--|--------------|--|

PLEASE PRINT

Name (Last) _____ (First) _____ (M.I.) _____

Local Address _____ Phone () _____

Permanent Address _____ Phone () _____

Cell Ph. () _____ Email _____

Class of 20____ Major _____

Do you want to use work study for this job? YES NO Fall \$ _____ Spring \$ _____

Have you ever worked on Campus? YES NO
If yes, where _____

Check all that apply:

Undergraduate Student

Graduate Student

Resident Status:

US Citizen

FI

JI

Resident Alien

OFFICE USE PS: 10 _____ Rec: _____ / _____ /20 _____ Init: _____ **W/S Y / N** KR: _____ / _____ /20 _____ Init: _____

AVAILABILITY: Draw a line through those times when you can NOT work

| | | | | | | | | | | | | | | | | | | | | | | |
|-----------|----|---|---|---|---|----|----|----|---|---|---|---|---|---|---|---|---|----|----|----|---|---|
| | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 |
| | am | | | | | | | pm | | | | | | | | | | | | am | | |
| Sunday | | | | | | | | | | | | | | | | | | | | | | |
| Monday | | | | | | | | | | | | | | | | | | | | | | |
| Tuesday | | | | | | | | | | | | | | | | | | | | | | |
| Wednesday | | | | | | | | | | | | | | | | | | | | | | |
| Thursday | | | | | | | | | | | | | | | | | | | | | | |
| Friday | | | | | | | | | | | | | | | | | | | | | | |
| Saturday | | | | | | | | | | | | | | | | | | | | | | |

EMPLOYMENT RECORD: List last job held

| | | | |
|---|---|------------------------------------|--|
| Employer _____ | | Address _____ | |
| Job Title _____ | | <input type="checkbox"/> Full-time | <input type="checkbox"/> Volunteer |
| | | <input type="checkbox"/> Part-time | <input type="checkbox"/> Military |
| Begin Date | Beginning Salary | <input type="checkbox"/> Hourly | End Date |
| <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> | <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> | <input type="checkbox"/> Weekly | <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> |
| MONTH · DAY · YEAR | | <input type="checkbox"/> Annual | MONTH · DAY · YEAR |
| Ending Salary | | <input type="checkbox"/> Hourly | |
| <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> | | <input type="checkbox"/> Weekly | |
| | | <input type="checkbox"/> Annual | |
| Job Responsibilities _____ | | | |
| Person to Contact (preferably supervisor) _____ | | Title _____ | Phone No. _____ |

_____ Date

_____ Signature of Applicant

PERSONNEL ACTION TAKEN

| Work Start Date | Department | Account | Pay Rate | Mail Id | Supervisor's Signature |
|-----------------|------------|---------|----------|---------|------------------------|
| | | | | | |

Job(s): _____