

APPLICATION FOR STUDENT EMPLOYMENT AUXILIARY ENTERPRISES

| | | |
|---|---------------------------|--|
| Spire # | | Work Location: |
| PLEASE PRINT | | |
| Name (Last) _____ (First) _____ (M.I.) _____ | | |
| Local Address _____ | | Phone () _____ |
| Permanent Address _____ | | Phone () _____ |
| Cell Ph. () _____ | Email _____ | |
| Class of 20 _____ Major _____ | Do you need a SSN#? _____ | |
| Do you want to use work study for this job? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Fall \$ _____ Spring \$ _____ |
| Have you worked in any of the dining halls/cafes? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| If yes, where _____ | | |
| Check all that apply: <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Graduate Student On average how many hours will you be working a week _____ Resident Status: <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> JI <input type="checkbox"/> FI | | |
| OFFICE USE | PS: 10 _____ | Rec: _____ / _____ /20 _____ Init: _____ |
| | | WIS 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: 100px;" type="text"/> | <input style="width: 100px;" type="text"/> | <input type="checkbox"/> Weekly | <input style="width: 100px;" type="text"/> |
| MONTH · DAY · YEAR | | <input type="checkbox"/> Annual | MONTH · DAY · YEAR |
| Job Responsibilities _____ | | <input type="checkbox"/> Hourly | <input type="checkbox"/> Weekly |
| | | <input type="checkbox"/> Annual | |
| 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): _____