STUDENT EMPLOYMENT APPLICATION CWS_____

Student application must be completed and received by 04/15/2009 in order to be considered for work study. UCW_____

NAME: _____STUDENT ID: _____
(LAST) (FIRST) (MIDDLE)

HOME ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

HOME PHONE:_____SCHOOL BOX # _____ CELL PHONE: _____

EMAIL ADDRESS: _____

ACADEMIC MAJOR: _____CLASS OF: _____

EMPLOYMENT EXPERIENCE: _____

_____

_____

SKILLS: Example: Word processing, computer knowledge, lifeguard, people skills, etc.

_____

_____

ACTIVITIES/HOBBIES: _____

COLLEGE SPORTS PARTICIPATION: _____

HAVE YOU EVER BEEN EMPLOYED IN A WORK-STUDY POSITION? _____

DEPARTMENT LAST EMPLOYED: _____DO YOU EXPECT TO RETURN?_____

IF NO, BRIEFLY EXPLAIN REASON:_____

_____

OTHER COLLEGE EMPLOYMENT: _____

TYPE OF WORK DESIRED: 1. _____

2._____

3._____

SIGNATURE: _____DATE:_____

FOR OFFICE USE ONLY COMMENTS

REFERRED TO: _____DATE:_____

09/10