Attachment B

STUDENT EMPLOYMENT APPLICATION

NAME_____DATE_____

SOCIAL SECURITY # _____SEMESTER AVAILABLE _____

CLASS (circle one): FR SO JR SR MAJOR _____

LOCAL/CAMPUS ADDRESS

_____

_____

_____

_____

E-MAIL ADDRESS _____

LOCAL/CAMPUS TELE _____

AVAILABILITY:

MONDAY _____

TUESDAY _____

WEDNESDAY _____

THURSDAY _____

FRIDAY _____

CAN YOU WORK OVER BREAKS? (circle one) **YES NO**

CAN YOUR WORK OFF CAMPUS? (circle one) **YES NO**

PLEASE LIST YOUR STRENGTHS AND SKILLS, PREVIOUS WORK EXPERIENCE:

_____

_____

_____

_____

_____

POSITION(S) MOST DESIRED _____

_____