On Campus Employment Application (Please Print Clearly)

Name:_____ Major:_____

Local address:_____ Local Phone No.:(_____)_____
number/street city/state zip

Permanent address:_____Permanent Phone No.:(____)_____
(*if different from above)* number/street city/state zip

Intended Date of Graduation:_____Future Career Goals:_____

Do you have any physical handicaps which would prevent you from performing specific kinds of work?_____ If yes, please describe_____

Indicate with an "x" any skills or experience:

___filing ___typing ___word processing ___answering phone

___computer ___accounting ___writing ___cash register

___photocopier ___interviewing ___speaking ___other_____

List your two greatest strengths: 1)_____ 2)_____

What skills would you like to enhance? 1)_____ 2)_____

Would you prefer to work:

____days ___nights ___weekends ___anytime

___1 - 5 hrs/week ___6 - 10 hrs/week ___other:_____

Interested in student employment for: ___fall ___spring __summer

Do you plan to participate in intercollegiate athletics; If so, which sport? _____

Previous employment: (Please list two of your most recent jobs, on or off campus)

1._____
company name your title responsibilities

2._____
company name your title responsibilities

Provide any additional comments that you feel will help describe your qualifications for employment.

_____

_____ _____
Signature Date