



Student Employment Application

NAME		DATE
LOCAL ADDRESS		BANNER ID
LOCAL PHONE		
CELL PHONE		
EMAIL		
ARE YOU 18 YEARS OR OLDER? YES NO		
HAVE YOU WORKED IN FOODSERVICE BEFORE? YES NO		
IF YES, DESCRIBE THE SKILLS YOU ACQUIRED.		
HAVE YOU WORKED ON CAMPUS BEFORE? YES NO	IF YES WHERE?	ARE YOU ELIGIBLE FOR WORK STUDY? YES NO
WORK HISTORY	Begin with your most recent employment (including campus positions) and work backwards.	
EMPLOYER/COMPANY		POSITION
CITY/STATE		LENGTH OF EMPLOYMENT ____ / ____ - ____ / ____
BRIEFLY DESCRIBE YOUR DUTIES		
REASON FOR LEAVING		
EMPLOYER/COMPANY		POSITION
CITY/STATE		LENGTH OF EMPLOYMENT ____ / ____ - ____ / ____
BRIEFLY DESCRIBE YOUR DUTIES		
REASON FOR LEAVING		
WERE YOU REFERRED BY ANOTHER STUDENT EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHO?
<p>WE ARE AN EQUAL OPPORTUNITY EMPLOYER AND DO NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT. NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCLUDING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW. EQUAL ACCESS TO EMPLOYMENT, SERVICES, AND PROGRAMS IS AVAILABLE TO ALL PERSONS. THOSE APPLICANTS REQUIRING REASONABLE ACCOMODATION O THE APPLICATION AND/OR INTERVIEW PROCESS SHOULD NOTIFY A REPRESENTATIVE OF THE ORGANIZATION. I AUTHORIZE THE POTENTIAL EMPLOYER TO CONTACT, OBTAIN, AND VERIFY ACCURACY OR INFORMATION CONTAINED IN THIS APPLICATION FROM ALL PREVIOUS EMPLOYERS, EDUCATIONAL INSTITUTIONS AND REFERENCES. I ALSO HEREBY RELEASE FROM LIABILITY THE POTENTIAL EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING, AND USING SUCH INFORMATION TO MAKE EMPLOYMENT DECISIONS AND ALL OTHER PERSON OR ORGANIZATIONS FOR PROVIDING SUCH INFORMATION. IF I AM EMPLOYED I ACKNOWLEDGE THERE IS NO SPECIFIED LENGTH OF EMPLOYMENT AND THAT THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT. ACCORDINGLY, EITHER I OR THE EMPLOYER CAN TERMINATE THE RELATIONSHIP AT WILL, WITH OR WITHOUT CAUSE, AT ANY TIME, SO LONG AS THERE IS NO VIOLATING OF APPLICABLE FEDERAL OR STATE LAW.</p>		
I have read and understand the above: _____		
Applicants signature		Date
Availability on Back- Please X times you are available to work		

Place an "X" in the boxes indicating the times you are available to work.

		Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	
Morning	6:00-6:30								
	6:30-7:00								
	7:00-7:30								
	7:30-8:00								
	8:00-8:30								
	8:30-9:00								
	9:00-9:30								
	9:30-10:00								
	10:30-11:00								
	11:00-11:30								
	11:30-12:00								
	12:00-12:30								
Afternoon	12:30-1:00								
	1:00-1:30								
	1:30-2:00								
	2:00-2:30								
	2:30-3:00								
	3:00-3:30								
	3:30-4:00								
	4:00-4:30								
	4:30-5:00								
	5:00-5:30								
	5:30-6:00								
	6:00-6:30								
Evening	6:30-7:00								
	7:00-7:30								
	7:30-8:00								
	8:00-8:30								
	8:30-9:00								
	9:00-9:30								
	9:30-10:00								
	10:00-10:30								
	10:30-11:00								
	11:00-11:30								
	Night	11:30-12:00							
		12:00-12:30							
12:30-1:00									

Revised Spring 2010