

OFFICE of GRADUATE STUDIES
STUDENT EMPLOYMENT APPLICATION FORM

BIOGRAPHICAL INFORMATION

Date: _____

Name: _____

Campus/Local Address: _____

Cell Phone: _____

Campus email address: _____

Work-study award amount (if any): _____

1st year student Sophomore Junior Senior Graduate

Major: _____ Minor: _____

WORK EXPERIENCE (Attach resume if available)

Describe previous office/clerical/administrative work experience (include type of experience, i.e., receptionist, telephone, filing, typing, messenger work, other).

LEVEL OF EXPERIENCE

	<u>None</u>	<u>Low</u>	<u>Medium</u>	<u>High</u>
MS Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PeopleSoft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data Entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe others:				
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Describe other office/clerical/administrative skills, experience, or knowledge you have that you believe qualify you for this job (Attach resume if available):

How many hours/week can you work for fall semester? _____

How many hours/week can you work for spring semester? _____

Are you available to work any hours during the semester interims and breaks?

Winter Break
___Yes ___No

Winter interim
___Yes ___No

Spring Break
___Yes ___No

Spring interim
___Yes ___No

Are you available to work summer? ___Yes ___No

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References - Current/Former Employers (on- or off-campus):

Name: _____

Company/Department: _____

When employed: _____

Address: _____

City, State, Zip: _____

Telephone number: _____

Name: _____

Company/Department: _____

When employed: _____

Address: _____

City, State, Zip: _____

Telephone number: _____

Name: _____

Company/Department: _____

When employed: _____

Address: _____

City, State, Zip: _____

Telephone number: _____

Please return to Connie Schuster, Office of Graduate Studies, Dempsey 337.
If you have questions, call Connie S. at 424-0311.