



APPLICATION FOR STUDENT EMPLOYMENT

Name: _____ CSC ID#: _____
Last First MI

Address: _____
Street City State Zip

Phone number to contact you: _____ E-mail: _____

Classification (select one): Freshman Sophomore

Have you been awarded a federal work-study grant? ___ Yes ___ No

Semesters you want employment: ___ Fall ___ Spring ___ Summer

Fill in the time you are available to work this semester:

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Have you held a work-study or institutional position at CSC previously? ___ Yes ___ No

If yes, please fill in the following information:

	Supervisor's Name	Department	Position
1.	_____	_____	_____
2.	_____	_____	_____

Please list any volunteer experience: _____

Please list any clubs, activities or hobbies: _____

Have you been convicted of a crime in the last ten years? ___ Yes ___ No

References: (other than work-study supervisors listed above)

	Name	Telephone	Relationship
1.	_____	_____	_____
2.	_____	_____	_____

In case of an emergency notify: _____
Name Telephone

Please place a checkmark next to the skills that best describe your interests:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Typing | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Food Service |
| <input type="checkbox"/> Ten Key/Adding Machine | <input type="checkbox"/> Physical Work | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Cash Register | <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Library Skills | <input type="checkbox"/> Grounds Work | _____ |

Signature _____ Date _____

Note: *Please return application to the Department where you are applying