

EMPORIA STATE UNIVERSITY

Application for Student Employment

Any offer of employment is contingent upon the ability to provide documentation which demonstrates employment eligibility as required by the Immigration Reform and Control Act of 1986.

Today's Date _____

Job Applying For: _____ Department _____

Job Number: _____ **Hand carry completed application to the contact person listed on the job posting.**

1) Attach a class schedule for applicable semester.

2) Are you employed in another department on campus? No ___ Yes ___ Dept name: _____

3) Are you eligible for Work Study? Yes ___ No ___

4) Major: _____ Anticipated Graduation Date ___/___/___

Classification: ___ FR ___ SO ___ JR ___ SR ___ GR

PLEASE SHADE TIMES YOU WOULD BE AVAILABLE TO WORK.

TIMES	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	WEEKEND
EARLY AM						
8:00-8:50						
9:00-9:50						
10:00-10:50						
11:00-11:50						
12:00-12:50						
1:00-1:50						
2:00-2:50						
3:00-3:50						
4:00-4:50						
EVENING						

ANSWER ALL QUESTIONS COMPLETELY – PLEASE TYPE OR PRINT

Name _____ Student ID E# _____
Last
First
Initial

Daytime phone (8 am – 5 pm) (____) _____ Cell number (____) _____

E-Mail Address _____

Present Address _____
Street
City
State
Zip Code

Are you a citizen of the United States or an alien eligible for employment under the immigration laws of the United States ___ No ___ Yes

Type of VISA _____ (A student visa also requires a work permit.)

University, college, business, technical, and/or trade school education:
 School name & location _____ Major _____ Degree/Certificate _____ Date awarded _____

(Please go to the next page)

Please check the skills/work experience you possess which will assist us in reviewing your application:

___ Typing ___ WPM ___ Computer ___ Windows ___ Mac ___ WordPerfect ___ Excel ___ Word
___ Customer Relations ___ Telephone/Reception ___ Housekeeping ___ Maintenance
___ Heavy Lifting ___ Security ___ Management ___ A/V Equipment

EMPLOYMENT HISTORY

RESUME MAY NOT BE SUBSTITUTED FOR EMPLOYMENT HISTORY

List in order all positions you have held starting with the most current, including any time you were self-employed and any periods of military service. If your duties changed significantly in the course of any employment, indicate changes as separate employment.

CURRENT

EMPLOYER: _____ TITLE OF JOB: _____
Address: _____ Began ___/___/___ Ended ___/___/___
Type of Business: _____ Hours per week: ___ Reason for Leaving: _____
Duties: _____

Your supervisor's name: _____
List equipment or software used regularly in the work of this position: _____

May we contact employer regarding your qualifications? Yes No

List in order all positions you have held starting with the most current, including any time you were self-employed and any periods of military service. If your duties changed significantly in the course of any employment, indicate changes as separate employment.

CURRENT

EMPLOYER: _____ TITLE OF JOB: _____
Address: _____ Began ___/___/___ Ended ___/___/___
Type of Business: _____ Hours per week: ___ Reason for Leaving: _____
Duties: _____

Your supervisor's name: _____
List equipment or software used regularly in the work of this position: _____

List in order all positions you have held starting with the most current, including any time you were self-employed and any periods of military service. If your duties changed significantly in the course of any employment, indicate changes as separate employment.

CURRENT

EMPLOYER: _____ TITLE OF JOB: _____
Address: _____ Began ___/___/___ Ended ___/___/___
Type of Business: _____ Hours per week: ___ Reason for Leaving: _____
Duties: _____

Your supervisor's name: _____
List equipment or software used regularly in the work of this position: _____

REFERENCES List three persons we may contact regarding your past work performance:

Name Street Address City State Daytime Telephone

To the best of my knowledge, all answers to the foregoing are true and correct. I hereby grant permission to Emporia State University to contact each of my former employers listed above concerning my qualifications for employment (unless otherwise noted). Permission is also granted to each of my former employers to give Emporia State University the information they may have with respect to my work experience with them.

SIGNATURE _____

DATE _____