

# APPLICATION FOR STUDENT EMPLOYMENT AUXILIARY SERVICES

<b>Spire #</b>		<b>SSN #</b>	
<b>PLEASE PRINT</b>			
Name (Last) _____ (First) _____ (M.I.) _____			
Local Address _____			Phone ( ) _____
Permanent Address _____			Phone ( ) _____
Cell Ph. ( ) _____		Email _____	
Class of 20 _____		Major _____	
		Date of Birth _____	
Do you want to use work study for this job? <input type="checkbox"/> YES <input type="checkbox"/> NO Fall \$ _____ Spring \$ _____			
Have you ever worked on Campus? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>If yes, where</b> _____			
<b>Check all that apply:</b> <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Graduate Student <b>Resident Status:</b> <input type="checkbox"/> US Citizen <input type="checkbox"/> FI <input type="checkbox"/> JI <input type="checkbox"/> Resident Alien			
<b>OFFICE USE</b>	PS: IO _____	Rec: _____ / _____ /20	Init: _____ <b>W/S Y / N</b> KR: _____ / _____ /20 Init: _____

**AVAILABILITY:** Draw a line through those times when you can **NOT** work

	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2
	am							pm												am		
Sunday																						
Monday																						
Tuesday																						
Wednesday																						
Thursday																						
Friday																						
Saturday																						

**EMPLOYMENT RECORD:** List last job held

Employer _____		Address _____				
Job Title _____		<input type="checkbox"/> Full-time	<input type="checkbox"/> Volunteer			
		<input type="checkbox"/> Part-time	<input type="checkbox"/> Military			
Begin Date	<table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td> </td><td> </td><td> </td></tr></table>				Beginning Salary _____	<input type="checkbox"/> Hourly
	MONTH DAY YEAR		<input type="checkbox"/> Weekly			
			<input type="checkbox"/> Annual			
End Date	<table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td> </td><td> </td><td> </td></tr></table>				Ending Salary _____	<input type="checkbox"/> Hourly
	MONTH DAY YEAR		<input type="checkbox"/> Weekly			
			<input type="checkbox"/> Annual			
Job Responsibilities _____						
Person to Contact (preferably supervisor) _____		Title _____	Phone No. _____			

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

**PERSONNEL ACTION TAKEN**

Work Start Date	Department	Account	Pay Rate	Mail Id	Supervisor's Signature