

Position Desired: _____

NOTE: This form must be completely filled out for consideration to be given.

EMPLOYMENT INFORMATION

NAME _____ DATE _____

SIGNATURE _____

MAJOR _____ ADVISOR _____

INDEPENDENT STUDY: YES _____ NO _____ SUPERVISOR _____

WORK STUDY: YES _____ NO _____ (Federal _____ State _____) Year in School _____

Specific work experience (High School, Summers, etc.) List here and on back, or attach resume: _____

Computer Experience – List programs you are experienced with: _____

PHONE NUMBER _____ LOCAL ADDRESS _____

STUDENT I.D. NUMBER _____

EMAIL ADDRESS _____

SEMESTER TERM _____ OTHER INFORMATION: Emergency Contact person

and Telephone #: _____

CLASS AND WORK SCHEDULE:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00					
9:00					
10:00					
11:00					
12:00					
1:00					
2:00					
3:00					
4:00					
5:00					