

# Student Worker Employment Application

Note: If hired, all student workers are required to attend a DRES orientation in August.

## Applicant Information

Position You Are Applying For: \_\_\_\_\_ Term You Are Applying For: \_\_\_\_\_

CSUN ID: \_\_\_\_\_ Full Name: \_\_\_\_\_  
*Last* *First*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone: \_\_\_\_\_ CSUN email: \_\_\_\_\_

## Academic Information

\_\_\_\_\_ Major \_\_\_\_\_ Class Standing \_\_\_\_\_ Cumulative GPA \_\_\_\_\_ Enrolled Units \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_ Work Study?: \_\_\_\_\_  
*(Semester & Year)* *Award Amount*

## Applicant Availability

Please select the times when you are available to work.

**Note:** Student Workers' schedules are based on the needs of the office. Student Workers are required to provide a minimum of 12 hours of availability and may work up to 20 hours per week. Typical shifts are 8 a.m. to 12 or 1 p.m., 12 or 1 p.m. to 5 p.m., and 5 to 8 p.m.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						As needed
Afternoon						for special
Evening					CLOSED	events only.

If you would like to leave comments regarding your availability (such as alternate times available), please use the box below.

**Employment History/Volunteer Experience**

<i>Current/Previous Employer or Organization</i>	<i>Job Title/Position</i>	<i>Supervisor Name</i>
Start Date: _____	End Date: _____	City/State: _____
Phone Number: _____		
Duties: _____		
Reason for leaving: _____		

<i>Previous Employer or Organization</i>	<i>Job Title/Position</i>	<i>Supervisor Name</i>
Start Date: _____	End Date: _____	City/State: _____
Phone Number: _____		
Duties: _____		
Reason for leaving: _____		

May we contact your current/previous employer(s)?                      Yes                      No

**Skills**

Software Used:

Typing Proficiency	Customer Service	Phone Etiquette	Data Entry	Proofreading
Project Management	Task Switching	Time Management	Filing Paperwork	Written Communication

**Other Skills:**

**References**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Acknowledgment and Signature**

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment. I authorize the verification of any or all information listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_