

Current Semester/Year: \_\_\_\_\_

**MEMORIAL UNION /STUDENT INVOLVEMENT LEADERSHIP  
Application for Employment**

Record #: \_\_\_\_\_

Last name: \_\_\_\_\_

MI: \_\_\_\_\_

First name: \_\_\_\_\_

SS Number: \_\_\_\_\_

Major: \_\_\_\_\_

Matriculating

or

Non Matriculating

Year of Graduation: \_\_\_\_\_

Graduate

or

Undergraduate

# of Credits this Semester: \_\_\_\_\_

Position(s) applying for: \_\_\_\_\_

Have you ever worked for the Memorial Union before?

Yes? \_\_\_\_\_

No? \_\_\_\_\_

If YES, place of employment in the Memorial Union \_\_\_\_\_

Start Date \_\_\_\_\_

Reason for leaving \_\_\_\_\_

End Date \_\_\_\_\_

**Do you have college work study?**

Yes? \_\_\_\_\_

No? \_\_\_\_\_

**E-Mail address:** \_\_\_\_\_

**Local Mailing Address:**

PO Box or Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Home Address:**

PO Box or Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

**What hours can you work?**

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

**Previous Work Experience**

Employer	_____	Address/Phone	_____
Starting Date	_____	Position/Responsibilities	_____
Ending Date	_____	Reason for Leaving	_____

**Previous Work Experience**

Employer	_____	Address/Phone	_____
Starting Date	_____	Position/Responsibilities	_____
Ending Date	_____	Reason for Leaving	_____

**Previous Work Experience**

Employer	_____	Address/Phone	_____
Starting Date	_____	Position/Responsibilities	_____
Ending Date	_____	Reason for Leaving	_____

Describe what best qualifies you for this position:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other skills/Experience (check all that apply)**

Typing	___	Computer Application	___	Other (please specify)	_____
Calculator	___	Copy Machine	_____		_____
Supervising	___	Word Processing	_____		_____
Maintenance work	___	Leadership Training	_____		_____
Cash Register	___				

**Name and Phone Number of Person we can Contact in Case of Emergency**

Name	_____	Phone Number	_____
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**Optional Information**

Sex: male _____ female _____	0 - White non-Hispanic	4 - Native American
Ethnic Code (see across) _____	1 - Afro-American, Black	5 - Indian
	2 - Hispanic	6 - Middle Eastern
Birthdate: _____	3 - Asian/Oriental	7 - Other (specify, please)

**Signature**

I hereby declare the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge

Applicant Signature	_____	Date	_____
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