

WSU Student Center Job Application

WORK STUDY (Circle) **YES** **NO**

I. GENERAL INFORMATION:

Name: _____ Date: _____
 Dorm Address: _____
 (if resident) _____

 Home Address: _____

Phone: _____
 Commuter ____ Resident ____
 Email: _____
 Home Phone _____
 Cell: _____
 Overall GPA: _____

Major: _____ Anticipated Year of Graduation: _____

II. WORK EXPERIENCES:

Employer Address	Dates Worked	Position	Skills/ Abilities Learned	Reason for Leaving

III. VOLUNTEER AND EXTRACURRICULAR EXPERIENCES: (Please list any pertinent volunteer experiences and extracurricular activities at WSU, e.g. Baseball team, Student Senate)

IV. POSITION PREFERENCE: Please indicate your **first three** preferences from 1-3, 1 being your highest preference. Be sure to **check to see if we are hiring** in the areas you are indicating you are interested in.

Print Center _____

Living Room _____

Secretarial _____

Info Desk _____

V. PROFESSIONAL REFERENCES: (Please list two **work** or **volunteer** related references that we may contact regarding your abilities.)

Name	Relationship	Phone Number

VI. AVAILABILITY: Please indicate which hours you **are available** to work by placing an X in each available time block.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10am-1pm	8:30-9:30	8:15- 9:45	8:30- 9:30	8:15- 9:45	8:30-9:30	10am- 1pm
	9:30-10:30		9:30-10:30		9:30-10:30	
	10:30-11:30	9:45-11:15	10:30-11:30	9:45-11:15	10:30-11:30	
	11:30-12:30	11:15-12:45	11:30-12:30	11:15-12:45	11:30-12:30	
	12:30-1:30		12:30-1:30		12:30-1:30	
1:00-5:00	1:30- 2:30	12:45-2:30	1:30-2:30	12:45-2:30	1:30-2:30	1:00- 5:00
	2:30- 3:30	2:30- 5:00	2:30-3:30	2:30-5:00	2:30-3:30	
	3:30- 5:00		3:30- 5:00		3:30-5:00	
5:00 – 9	5:00 - 11	5:00 - 11	5:00 - 11	5:00 -11	5:00- 10	5:00 - 9

Please list any illnesses, accidents, operations, and nervous disorders you have had, or currently have, which may hinder your ability to perform the duties of any of the positions you have indicated an interest in. _____

I hereby certify that all information provided in this application is true, to the best of my knowledge. I understand that misrepresentation or omission of facts is cause for cancellation of this application or termination from employment in the student center if I am employed.

Signature

Date