

**Application for Employment  
Office of Enrollment Services  
Communication Center  
Personal Information**

First Name	M.I.	Last Name	Jag Number <b>J00</b>
Home Address		City	State Zip
Mobile Number	Phone Number	Student Email Address	
Do you live on campus? Yes                      No		On Campus Residence Address: (If applicable) Residence Hall:                      Room Number:	
Please Select Which Shifts You Are Able to Work:			
<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>
3PM-5PM <input type="checkbox"/>	3PM-5PM <input type="checkbox"/>	3PM-5PM <input type="checkbox"/>	3PM-5PM <input type="checkbox"/>
5PM-7PM <input type="checkbox"/>	5PM-7PM <input type="checkbox"/>	5PM-7PM <input type="checkbox"/>	5PM-7PM <input type="checkbox"/>

**References**

Name	Title	Company	Phone

**Employment History**

<b>Employer (1)</b>	Job Title	Dates Employed
Work Phone	Reason for Leaving	Supervisory Role Yes              No
<b>Employer (2)</b>	Job Title	Dates Employed
Work Phone	Reason for Leaving	Supervisory Role Yes              No

**Signature Disclaimer**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Name (Please Print)	Signature
Date	

**Please Include a Copy of your Resume and Current Class Schedule  
Return Application to the Office of Enrollment Services- Meisler Hall 2400**