

Memorial Union

Please fill out this application in its entirety. If a field does not apply to you, please check the appropriate boxes. When the application is complete, please sign the student acknowledgement statement at the bottom of the last page. Questions? Contact me at: becky.bolte@washburn.edu or 785-670-1726

Student Employment Application

Applicant Information								
Full Name:	Last	F	First				ID#:	
Local Address:								
	Street Address						Apartment/Unit #	
Permanent Address:	City					State	ZIP Code	
Address.	Street Address						Apartment/Unit #	
	City					State	ZIP Code	
Phone:				_ Em	nail			
Earliest Date Available:								
How many ho available?	ours a week are you							
Position Appl	lied For:	Building Manaç	ger	Buildi	ng Services Team			
(Basic electro	o you possess that qu onics & mechanics, Bu und and light equipme	uilding supervisio	oosition n, CPR	chosen , First A	above? id Certification, Cus	todial services	s, Room set-up, Cash	
List involvem	ent in extracurricular a	activities and volu	unteer e	experien	ce that enhance you	ur qualification	ns:	
How does thi	s position contribute t	o your career and	d profes	sional g	oals?			
-	zen of the United Stat	es?			Have you ever wo			
If no, are you	authorized to work in		_		If yes, when?		YES NO	
Are you avail	able to work weekend	ls?			Are you available	during the sun		

Are you eligible for federal work-study financial aid?		
YES NO I If yes, how much?		
How many semesters do you have remaining a		
	ES NO	
If yes, explain:		
	References	
Please list three professional references (do	not include family members).	
Full Name:	Relationship:	
	Phone:	
Address:		
Full Name:		
Company:	Phone:	
Address:		
	Previous Employment	
Company:	Phone:	
Address:	Supervisor:	•
Address:	Supervisor:	
Address:	Supervisor: Starting Salary: <u>\$</u> Ending Salary: <u>\$</u>	
Address:	Supervisor: Supervisor: Starting Salary:\$ Ending Salary:\$ Reason for Leaving: YES NO	
Address: Job Title: Responsibilities: From: To: May we contact your previous supervisor for a	Supervisor: Supervisor: Starting Salary: Ending Salary: Reason for Leaving: YES YES NO reference? I	
Address: Job Title: Responsibilities: From: May we contact your previous supervisor for a Company:	Supervisor:Supervisor:	
Address:	Starting Salary: Supervisor: Starting Salary: Ending Salary: Reason for Leaving: YES NO YES NO Phone: Phone: Supervisor: Starting Salary: Supervisor: Starting Salary: Ending Salary:	
Address:	Starting Salary: Supervisor: Starting Salary: Ending Salary: Reason for Leaving: YES NO YES NO Phone: Phone: Supervisor: Starting Salary: Supervisor: Starting Salary: Ending Salary:	

We look forward to meeting you!

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. As a job pursuing student, I give permission to review and question all work related documents and information present on/with this application.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Date:

Print Name:

Your Schedule

This schedule is for Fall

_____ Spring _____ Summer

Name___

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	7:00am-8:00am	7:00am-8:00am	7:00am-8:00am	7:00am-8:00am	7:00am-8:00am	
	8:00am-9:00am	8:00am-9:15am	8:00am-9:00am	8:00am-9:15am	8:00am-9:00am	8:00am-9:00am
	9:00am-10:00am	9:00am-10:00am	9:00am-10:00am	9:00am-10:00am	9:00am-10:00am	9:00am-10:00am
10:00am-11:00am						
11:00am-12:00pm						
12:00pm-1:00pm						
1:00pm-2:00pm						
2:00pm-3:00pm						
3:00pm-4:00pm						
4:00pm-5:00pm						
5:00pm-6:00pm						
6:00pm-7:00pm						
7:00pm-8:00pm						
	8:00pm-9:00pm	8:00pm-9:00pm	8:00pm-9:00pm	8:00pm-9:00pm	8:00pm-9:00pm	
	9:00pm-10:00pm	9:00pm-10:00pm	9:00pm-10:00pm	9:00pm-10:00pm	9:00pm-10:00pm	
	10:00pm-11:00pm	10:00pm-11:00pm	10:00pm-11:00pm	10:00pm-11:00pm	10:00pm-11:00pm	