

# Application for Student Employment

## Personal Information

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Do you live on campus? Y / N Student ID: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Are you at least 18 years old? Y / N

Local Address: \_\_\_\_\_ Birthdate: \_\_\_ / \_\_\_ / \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

## Position Applying For

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_ Referred by: \_\_\_\_\_

## Availability

Are you Work-Study Eligible? Y / N / Don't Know Are you eligible to work in the US? Y / N

Available Start Date: \_\_\_ / \_\_\_ / \_\_\_\_\_ If not, give following Visa information:

End Date if Necessary: \_\_\_ / \_\_\_ / \_\_\_\_\_ Type: \_\_\_\_\_ Number: \_\_\_\_\_

Expiration Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Please **shade in** the times you are available to work below:

|          | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|----------|--------|---------|-----------|----------|--------|----------|--------|
| 8:00     |        |         |           |          |        |          |        |
| 9:00     |        |         |           |          |        |          |        |
| 10:00    |        |         |           |          |        |          |        |
| 11:00    |        |         |           |          |        |          |        |
| 12:00    |        |         |           |          |        |          |        |
| 1:00     |        |         |           |          |        |          |        |
| 2:00     |        |         |           |          |        |          |        |
| 3:00     |        |         |           |          |        |          |        |
| 4:00     |        |         |           |          |        |          |        |
| Evenings |        |         |           |          |        |          |        |

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

### Employment History

|                            |                                             |                           |
|----------------------------|---------------------------------------------|---------------------------|
| Employer: _____            | Job Title: _____                            |                           |
| Current Employer? Y / N    | Job Description and Responsibilities: _____ | Start Date: _____ / _____ |
| May we contact them? Y / N | _____                                       | _____ / _____             |
| Supervisor: _____          | _____                                       | End Date: _____           |
| Phone: _____               | _____                                       | _____ / _____             |
| Address: _____             | _____                                       |                           |
| _____                      | Reason for Leaving: _____                   | Rate of Pay: _____        |
| _____                      | _____                                       | \$ _____                  |

|                            |                                             |                           |
|----------------------------|---------------------------------------------|---------------------------|
| Employer: _____            | Job Title: _____                            |                           |
| May we contact them? Y / N | Job Description and Responsibilities: _____ | Start Date: _____ / _____ |
|                            | _____                                       | _____ / _____             |
| Supervisor: _____          | _____                                       | End Date: _____           |
| Phone: _____               | _____                                       | _____ / _____             |
| Address: _____             | _____                                       |                           |
| _____                      | Reason for Leaving: _____                   | Rate of Pay: _____        |
| _____                      | _____                                       | \$ _____                  |

|                            |                                             |                           |
|----------------------------|---------------------------------------------|---------------------------|
| Employer: _____            | Job Title: _____                            |                           |
| May we contact them? Y / N | Job Description and Responsibilities: _____ | Start Date: _____ / _____ |
|                            | _____                                       | _____ / _____             |
| Supervisor: _____          | _____                                       | End Date: _____           |
| Phone: _____               | _____                                       | _____ / _____             |
| Address: _____             | _____                                       |                           |
| _____                      | Reason for Leaving: _____                   | Rate of Pay: _____        |
| _____                      | _____                                       | \$ _____                  |

Carroll College provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

I certify that the information contained in this employment application is complete, correct and accurate to the best of my knowledge and I understand that any falsifications or omissions may result in denial of employment or dismissal. I authorize Carroll to act as my agent in securing information about me from any person or company without liability to such person or company or to Carroll. If an employment relationship is established, I understand that at any time during the initial twelve-month probationary period, my employment and compensation can be terminated either by myself or by Carroll College with or without notice or cause. In addition, if accepted for employment, I hereby agree to abide by the policies of Carroll College.

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