APPLICATION FOR STUDENT EMPLOYMENT
This application will remain active for the entire academic year, including the summer provided that you, the applicant, revise your schedule each time it changes. A new application must be submitted at the beginning of each academic year.

DATE OF APPLICATION: ____________________________

Semester(s) Plan to Work: □ Fall □ Spring □ Summer □ Year round
(Please select all that apply)

NAME: ____________________________________________

LOCAL CAMPUS ADDRESS: 
____________________________________________________________________________________________
____________________________________________________________________________________________

Local Phone ____________________ Cell Phone: ____________________

EMAIL ADDRESS: ____________________________

PERMANENT ADDRESS: 
____________________________________________________________________________________________
____________________________________________________________________________________________

Home Phone ____________________

ACADEMIC STATUS: (select one) □ High School □ FR □ SO □ JR □ SR □ GR

ACADEMIC MAJOR: ____________________________ Estimated Date of Graduation: ____________________________

How did you hear about the position(s) or the Facilities Student Employment Office?
(Select all that apply)
□ Job Fair
□ You worked for Facilities before
□ Flier/Poster
□ Friend
□ Mailing
□ University Staff
□ Diamondback ads
□ Internet Job Referral/Career Center
□ UM Shuttle
□ Ritchie Marquee
□ Other (specify) ____________________________

POSITION APPLIED FOR:

□ Inventory Crew
□ Service Center Staff (requires evening, night, & weekend hours (all others require time during University office hours: 7:30-4:00, Mon-Fri)
□ Other (specify) ____________________________

Summer Applicants:

Do not complete this section if you are applying for only Fall and/or Spring positions

□ Are you applying for full-time or part time employment? □ Full Time □ Part Time
□ If hired, would you plan to live on campus? □ Yes □ No
□ Are you available to work the entire summer? □ Yes □ No
□ Do you plan to enroll in any summer session classes? □ Yes □ No
□ If yes, how many credits? _____ When are classes? □ Day □ Evening
EMPLOYMENT HISTORY

Have you worked for Residential Facilities before?  [ ] Yes  [ ] No

If so list the sections and the dates you worked: __________________________________________________________

PREVIOUS EMPLOYMENT RECORD:
Please list the previous employment experiences beginning with the most recent.

Position: ___________________________  Employment Dates: ___________________________

Employer Name: ___________________________  Supervisor's Name & Phone: ___________________________

Type of Duties and Responsibilities: ___________________________________________________________________

____________________________________________________________________________________________________

Reason for Leaving: __________________________________________

____________________________________________________________________________________________________

Position: ___________________________  Employment Dates: ___________________________

Employer Name: ___________________________  Supervisor's Name & Phone: ___________________________

Type of Duties and Responsibilities: ___________________________________________________________________

____________________________________________________________________________________________________

Reason for Leaving: __________________________________________

____________________________________________________________________________________________________

Position: ___________________________  Employment Dates: ___________________________

Employer Name: ___________________________  Supervisor's Name & Phone: ___________________________

Type of Duties and Responsibilities: ___________________________________________________________________

____________________________________________________________________________________________________

Reason for Leaving: __________________________________________

____________________________________________________________________________________________________

SPECIAL SKILLS:

Do you have a valid driver's license?  [ ] Yes  [ ] No  What State: ___________________________

Describe any special skills you may have, such as artistic, clerical, computer, communication, mechanical, organizational, etc

I certify that all information provided on this application is true to the best of my knowledge. I further understand that furnishing false information could lead to termination of employment.

Signature ___________________________  Date ___________________________

Updated 4/16