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 ☐ Diamondback ads
☐ Flier/Poster ☐ Internet Job Referral/Career Center ☐ UM Shuttle
☐ Friend ☐ Ritchie Marquee ☐ Other (specify) ______________________________________
☐ Mailing
☐ University Staff

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: ___________________________________________________

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