

Application for Student Employment

URI Memorial Union

Student Involvement and Center for Student Leadership Development

PERSONAL INFORMATION – PLEASE PRINT ALL INFORMATION

Today's Date: _____

Student ID Number _____

Name:

Last

First

Middle Initial

Local Mailing Address:

Street

City

State

Zip

Home (Permanent) Address:

Street

City

State

Zip

Phone numbers: Cell: _____ Home: _____

Undergraduate: _____ Graduate: _____ Matriculating: _____ Non-Matriculating: _____

Expected Year of Graduation: _____ Number of credits this semester: _____

Preferred E-Mail address: _____

Position(s) applying for: _____

Have you worked on campus before? Yes: ____ No: ____ If yes, where and when? _____

Are you eligible for College Work Study? Yes: ____ No: ____ If yes, how much is your CWS award? _____

PREVIOUS WORK EXPERIENCE

Employer Name and Address	Starting Date	Ending Date	Position and Reason for Leaving
1.			
2.			

REFERENCES: Give the names of two people, **not related to you**, who have known you for at least one year.

Name	Telephone Numbers	Occupation	Years Acquainted with You
1.	Cell Work		
2.	Cell Work		

What hours are you available to work during the semester you are applying for?

Sunday:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Tell us about what best qualifies you for this position: _____

Other Skills and Experience (check all that apply):

Computer skills(list): _____ Customer Service/Phone skills: _____

Supervising: _____ Leadership Training: _____ Calculator/Cash Handling/Cash Register: _____

First Aid/CPR/AED/Emergency training(list): _____

Maintenance/custodial work: _____ Audio/Visual Equipment(list): _____

In case of emergency, notify:

Name: _____

Relationship to you: _____

Phone numbers: Cell: _____ Home/Work: _____

I hereby declare the information provided by me in this Application for Employment is true, correct, and complete to the best of my knowledge.

Applicant signature: _____ Date: _____