

## Application for Student Employment

Instructions: Please type or print legibly, clearly and completely. Illegible or incomplete applications will not receive full consideration. Hand in or fax your completed application. Use the contact information located at the top of this page.

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

### Personal Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Fresno State Student ID #: \_\_\_\_\_

Major: \_\_\_\_\_

Estimated Graduation Date (month / year): \_\_\_\_\_

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

California Driver License #: \_\_\_\_\_

Do you have any points on your driving record or a DUI? YES \_\_\_\_ NO \_\_\_\_

If yes, please elaborate: \_\_\_\_\_

Are you willing to work (check one) 10 \_\_\_\_ 15 \_\_\_\_ 20 \_\_\_\_ hours a week?

Are you willing to work, on a regular basis: evenings? \_\_\_\_ weekends? \_\_\_\_

If hired, how long do you plan to work on campus? \_\_\_\_\_

Which job(s) are you interested in applying for? (Check all appropriate)

Escort, Safety Detail \_\_\_\_

Parking Front Counter \_\_\_\_

Escort, Tram Detail \_\_\_\_

Camera Operator \_\_\_\_

Information Kiosk \_\_\_\_

Clerical Support \_\_\_\_

Library Unit \_\_\_\_

Bicycle Technician \_\_\_\_

Other: (Please Specify): \_\_\_\_\_

How did you hear about these jobs? \_\_\_\_\_

**Previous Employment History:** Please start with most recent:

**#1**

-Employer: \_\_\_\_\_

-Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

-Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

-Job Title and Duties/Responsibilities:

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-Reason for leaving: \_\_\_\_\_

**#2**

-Employer: \_\_\_\_\_

-Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

-Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

-Job Title and Duties/Responsibilities:

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-Reason for leaving: \_\_\_\_\_

**#3**

-Employer: \_\_\_\_\_

-Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

-Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

-Job Title and Duties/Responsibilities:

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-Reason for leaving: \_\_\_\_\_

#4

-Employer: \_\_\_\_\_

-Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

-Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

-Job Title and Duties/Responsibilities:

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-Reason for leaving: \_\_\_\_\_

List any special training or skills that may help you in this position:

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List all jobs, extra curricular activities and commitments that may affect your schedule:

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Semester applying for (choose one): Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Number of units you are enrolled in during the above semester? \_\_\_\_\_

**Availability:**

**-Attach a copy of your class schedule to this application.**

**Availability continued:**

- The following schedule must indicate hours you cannot work.
- Mark an X in each one hour block that you are not available to work.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
0700							
0800							
0900							
1000							
1100							
1200							
1300							
1400							
1500							
1600							
1700							
1800							
1900							
2000							
2100							
2200							
2300							
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I attest that the foregoing information is true to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_