

Name:		Student ID:		Year in School: 1 2 3 4	
Address:		City:		ST: ZIP	:
Email:				Phone:	
<u>Major(S)</u>				GPA:	
Hours Available:				_	
Monday	Tuesday	Wednesday	Thursday	Friday	Weekends
Position(s) Desired <u>Previous Work Ex</u>	EntryCus rsFoo sPho ionGro ionSev ionSev iementSco Ele mentioned (i.e., cen l - Department /Jo <u>perience:</u>	hit to 5): todial Services od Service otography oundskeeping ving orary Services orebook ctrician rtifications): b Title:		taffSa Ca luctionW ertified)A ionsFl rviceO	ales earbook Staff arpentry Zeb Page Design thletic Training owers/Landscaping ther
Job Title and Duties:					
Have you ever been employed by WJC? YES NO If yes, department? Job Titles and Duties: Reason for leaving:					
Office/Department Work Study Eligit		Work Study Awa	rd §		
Hourly Rate \$		Hours per week:	IUJ		
Department:		Date:		Interview Sched	luled:

This form should be submitted to departments on the Jewell campus when you seek employment.