

Student Employment Application

APPLICANT INFORMATION

FULL NAME	FIRST	MIDDLE	LAST
PERMANENT ADDRESS	STREET		CITY STATE ZIP
EMAIL ADDRESS			PHONE NUMBER
CSM G NUMBER			STUDENT YEAR CLASSIFICATION
DEGREE CONCENTRATION/MAJOR			CURRENT GRADE POINT AVERAGE (OPTIONAL)
ARE YOU AT LEAST 18 YRS OF AGE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	EXPECTED GRADUATION DATE
ARE YOU A US CITIZEN?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF NO, WHAT TYPE OF VISA DO YOU HAVE?

FOR WHICH ACADEMIC TERM ARE YOU APPLYING TO WORK? FALL SPRING SUMMER
 HOW MANY UNITS WILL YOU BE REGISTERED DURING THIS ACADEMIC TERM? _____ Semester Units

HOURS AVAILABLE FOR WORK PER WEEK: _____

DAY OF THE WEEK	TIME BLOCKS OF AVAILABILITY	DAY OF THE WEEK	TIME BLOCKS OF AVAILABILITY
MONDAY		FRIDAY	
TUESDAY		SATURDAY	
WEDNESDAY			
THURSDAY			

LIST ANY SPECIAL SKILLS YOU HAVE THAT MIGHT BE RELEVANT TO POSITION (TYPING SPEED, COMPUTER SKILLS, LANGUAGE ABILITIES, ETC.)

HAVE YOU EVER PREVIOUSLY WORKED FOR CSM? YES NO
 IF YES, GIVE NAME OF DEPARTMENT: _____
 ARE YOU CURRENTLY WORKING IN A DEPARTMENT AT CSM? YES NO
 PLEASE STATE THE NUMBER OF SEMESTERS EMPLOYED: _____ semester(s)
 DO YOU EXPECT TO RECEIVE FEDERAL WORK STUDY? YES NO

ADDITIONAL INFORMATION

WHAT ARE YOUR REASONS AND MOTIVATIONS FOR APPLYING FOR THIS POSITION?

WHAT ARE YOUR FUTURE PLANS AFTER YOU LEAVE CSM?

APPLICANT CERTIFICATION

I certify that to the best of my knowledge the foregoing statements are correct and complete. The Learning Center Manager has my permission to verify information provided on this form.

APPLICANT'S SIGNATURE: _____ DATE: _____

