THE COLLEGE OF
WOOSTER

APPLICATION FOR STUDENT EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, sexual orientation, age, marital or veteran status, political affiliation, or the presence of a non-job related condition or handicap under Federal or State law.
The College adheres to a policy of Equal Employment Opportunity.

(**PLEASE PRINT LEGIBLY**)

LAST NAME_____FIRST NAME_____MI _____

CLASS YEAR_____CAMPUS BOX_____CONTACT NUMBER_____

COLLEGE OF WOOSTER E-MAIL ADDRESS_____@WOOSTER.EDU

HOME ADDRESS _____

Do you have Federal Work Study Funds?	Year 1 ☐	Year 2 ☐	Year 3 ☐	Year 4 ☐
Do you have Campus Job Funds? ***(International Students Only)***	Year 1 ☐	Year 2 ☐	Year 3 ☐	Year 4 ☐

OFF CAMPUS EMPLOYMENT HISTORY (List most recent)

EMPLOYER_____

ADDRESS_____

SUPERVISOR_____E-MAIL_____

POSITION TITLE_____DATES EMPLOYED_____to_____

DESCRIBE DUTIES_____

_____

EMPLOYER_____

ADDRESS_____

SUPERVISOR_____E-MAIL_____

POSITION TITLE_____DATES EMPLOYED_____to_____

DESCRIBE DUTIES_____

_____

VOLUNTEER EXPERIENCE

ORGANIZATION NAME_____

ADDRESS_____

SUPERVISOR_____E-MAIL_____

DESCRIBE DUTIES_____

_____

ORGANIZATION NAME_____

ADDRESS_____

SUPERVISOR_____E-MAIL_____

DESCRIBE DUTIES_____

_____

ON CAMPUS EMPLOYMENT HISTORY

DEPARTMENT	JOB TITLE	SUPERVISOR	DATES EMPLOYED

ADDITIONAL SKILLS

List any additional skills, leadership positions, languages, classes, or other pertinent information not listed under your employment or volunteer history. List computers and software you are familiar or proficient with. (Microsoft Windows, Word/Works, PowerPoint, FrontPage, Excel, Access, Claris Works, HTML programs, Adobe Page Mill, Appleworks, IBM compatibles, Macintosh, etc.)

_____

_____

_____

_____

REFERENCES (List Three)

NAME_____E-MAIL_____PHONE_____

NAME_____E-MAIL_____PHONE_____

NAME_____E-MAIL_____PHONE_____

INDICATE DAYS AND HOURS AVAILABLE FOR WORK

FIRST YEAR

Semester I
S_____ M_____ T_____ W_____ T_____ F_____ S_____
Semester II
S_____ M_____ T_____ W_____ T_____ F_____ S_____
How many hours would you like to work per week?_____
Would you like to work any of the break periods Fall ☐ Winter ☐ Spring ☐ Summer ☐

SOPHOMORE YEAR

Semester I
S_____ M_____ T_____ W_____ T_____ F_____ S_____
Semester II
S_____ M_____ T_____ W_____ T_____ F_____ S_____
How many hours would you like to work per week?_____
Would you like to work any of the break periods Fall ☐ Winter ☐ Spring ☐ Summer ☐

JUNIOR YEAR

Semester I
S_____ M_____ T_____ W_____ T_____ F_____ S_____
Semester II
S_____ M_____ T_____ W_____ T_____ F_____ S_____
How many hours would you like to work per week?_____
Would you like to work any of the break periods Fall ☐ Winter ☐ Spring ☐ Summer ☐

SENIOR YEAR

Semester I
S_____ M_____ T_____ W_____ T_____ F_____ S_____
Semester II
S_____ M_____ T_____ W_____ T_____ F_____ S_____
How many hours would you like to work per week?_____
Would you like to work any of the break periods Fall ☐ Winter ☐ Spring ☐ Summer ☐

(OVER)

ADDITIONAL INFORMATION

To complete your application please sign below indicating that all information on this application is accurate to the best of your knowledge.

SIGNATURE_____DATE_____