

L.A. Pittenger Student Center
Ball State University

Interview Date: _____

Interview Time: _____

(for office use only)

Name: _____ Date: _____

BSU ID Number: _____ E-mail Address: _____

Campus Address: _____

Primary Phone/Cell Number: _____ Permanent Phone Number: _____

Current Class Standing (circle one): FR SO JR SR GRAD

Major(s): _____ Minor(s): _____

TITLE OF POSITION APPLYING FOR (Please Attach Student Employment Referral Sheet): _____

How many hours per week do you want to work approximately: _____

Are you willing to work evenings and/or weekends? (circle one): Y or N

Are you planning to enroll for summer session classes (circle one): 1st SS 2nd SS Both None

Will you be available to work over breaks and during the summer? (circle one): Y or N

What date are you available to begin employment?: _____

Do you have another student job ON CAMPUS? (circle one): Y or N

If yes, which department do you work for?: _____

If you use a time clock, please enter your employee bar code number: _____

Describe any special interests or abilities you may have: _____

List all campus activities/organizations you belong to: _____

List any computer skills/programs, office equipment or machinery that you have experience with: _____

List any skills/experiences/strengths you may have that would be beneficial to the job you are applying for: _____

EMPLOYMENT HISTORY

List your most recent or current employer. Attach additional sheets if needed.

Employer: _____ Dates Employed From: _____ To: _____

Address: _____

Phone: _____ Position/Title/Duties: _____

Supervisor's Name & Title: _____

Reason for Leaving: _____

May we contact this employer to inquire about your work record? (circle one): Y or N

REFERENCES List the name and information of at least one person who has knowledge of your experience and abilities. DO NOT list anyone related to you.

Name: _____ Relationship: _____

Address: _____ Phone: _____

CLASS SCHEDULE Please mark an "X" in the time slots below, that you are in class or are otherwise NOT available to work.

Semester (circle one): Fall Spring 1st SS 2nd SS

Time	Mon.	Tues.	Wed.	Thurs.	Fri.
8-9 a.m.					
9-10 a.m.					
10-11 a.m.					
11-Noon					
Noon-1 p.m.					
1-2 p.m.					
2-3 p.m.					
3-4 p.m.					
4-5 p.m.					
Night Class					

This Signature authorizes the employer to verify past employment information, grades and class schedule at any time.

Authorized Signature

Date

For Administrative Office & Supervisor Use Only:

Employee Hired-Date: _____ Date to Begin Work: _____ Position: _____

Job-No.: _____

Supervisor: _____ Budget Code: _____ Last Day of Work: _____

Remarks by Supervisor: _____