



BALL STATE UNIVERSITY

L.A. Pittenger Student Center

FOR OFFICE USE ONLY

Date Submitted: ___/___/___

Interview Date: ___/___/___

Interview Time: _____ am/pm

Operations Staff Application 2019-2020

Personal Information: GPA and other personal information will be kept confidential.

Name: _____

Preferred Name: _____ Polo Size: S M L XL 2XL Other _____

BSU ID Number: _____ BSU Email: _____

Class Level: Freshman Sophomore Junior Senior Grad Anticipated Graduation Date: ___/___

Contact Information:

Primary Phone Number: _____

Local/Campus Street Address: _____

City: _____ State: _____ Zip Code: _____

Permanent Phone Number: _____

Permanent Street Address: _____

City: _____ State: _____ Zip Code: _____

Academic Involvement:

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

Overall GPA: _____ Credit hours expecting to take during Fall 2019 _____ Spring 2020 _____

Position Information:

How many hours per week do you wish to work approximately? _____

Are you willing to work **late shifts on weekends**? Yes No

Are you able to hold employment for the remainder of the 2019-2020 year? Yes No

What date are you available to begin employment? _____

Please attach your yellow "Student Employee Referral" sheet to this completed application.

Position Information, Cont.:

Do you have another student job ON CAMPUS? Yes No

If yes, which department(s) do you work? _____

If yes, approximately how many hours per week do you work? _____

Do you have any job(s) OFF CAMPUS? Yes No

If yes, where are you employed (list all)? _____

If yes, approximately how many hours per week do you work? _____

Employment History: *List your most recent or current employer.*

Employer: _____ Date(s) Employed from _____ to _____

Position Held/Title: _____

Major Job Responsibilities _____

Supervisor's Name and Title: _____

Reason for Leaving: _____

May we contact the employer to inquire about your work record? Yes No

Schedule: *Please indicate the times you are UNAVAILABLE to work.*

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8-9 a.m.							
9-10 a.m.							
10-11 a.m.							
11-Noon							
12-1 p.m.							
1-2 p.m.							
2-3 p.m.							
3-4 p.m.							
4-5 p.m.							
5-6 p.m.							
6-7 p.m.							
7-8 p.m.							
8-9 p.m.							
9-10 p.m.							
10-11 p.m.							
11-Midnight							
12-1 a.m.							
1-2 a.m.							
2-3 a.m.							

Application Questions:

Describe any special interests or abilities you may have: _____

List all campus activities/organizations you belong to: _____

What is your idea of good customer service? _____

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

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

Authorized Signature *Date*

<p>For Administrative Office & Supervisor Use Only:</p> <p>Employee Hired-Date: _____ Date to Begin Work: _____ Position: _____</p> <p>Job- No.: _____ Supervisor: _____</p> <p>Budget Code: _____ Last Day of Work: _____</p> <p>Remarks by Supervisor: _____</p> <p>_____</p>
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