

University of North Carolina at Greensboro – Student Health Center

Application for Student Employment

Job Position Applying For:	Department Applying For:	Application Date:
Last Name:	First Name:	Middle Name:
Local Address (Dorm or Street, City, & Zip Code):		
Permanent Address:		
Permanent Phone Number:	Local Phone Number:	E-mail Address:
Student ID Number:	Classification (please circle one): FR SO JR SR GRAD	Academic Major:
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you be enrolled in UNCG during the period which work is requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a work study award? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you employed in another department on campus? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there work you prefer to do because of physical limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any certifications or licenses? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please List Educational Background:

Schools (Name & Location)	Dates Attended (month/year) From: To:	Date of Graduation & Major	Type of Degree Received
High School:			
College or University:			
Graduate/Professional:			
Other educational, vocational, school, or internships:			

Types of work-related experience for which you are trained (Check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Receptionist | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Braille |
| <input type="checkbox"/> Typing (WPM _____) | <input type="checkbox"/> Foreign Language (specify): |
| <input type="checkbox"/> Computer Experience | <input type="checkbox"/> CPR Certified |
| <input type="checkbox"/> Office Equipment | <input type="checkbox"/> First Aid Certified |
| <input type="checkbox"/> Other Training, please specify: | |

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Please list all other relevant skills and qualifications:

If the job(s) applying for calls for specific courses, indicate those courses taken and credits received:

Please list previous jobs, with most recent first:

Name of Employer:	Position Title:	Supervisors Name:
Address:		Can We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone Number:	Dates Employed (month/year):	Summary of Duties:

Name of Employer:	Position Title:	Supervisors Name:
Address:		Can We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone Number:	Dates Employed (month/year):	Summary of Duties:

Name of Employer:	Position Title:	Supervisors Name:
Address:		Can We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone Number:	Dates Employed (month/year):	Summary of Duties:

Please list two references. Employer and/or on-campus references:

Name (First and Last):	Telephone Number:	Relationship:
Name (First and Last):	Telephone Number:	Relationship:

Please indicate times when you are AVAILABLE to work:

Day	Times
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Approximate number of work hours desired per week: _____