

University of Wisconsin-Fond du Lac

Student Employment Application

Date _____ PRISM ID _____
 Name _____ Phone _____
 Address _____ Email _____
 City/state/Zip code _____

During Which Semester (s) do you want to work?

Academic Year	Fall Semester only	Spring semester only	Summer
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Will you be receiving Work Study Financial Aid Yes No

Please check all departments that you are interested in working for

Art	Facilities Support	Theater Event Tech
Athletics	Fitness Center	Tutor (Professor approval)
Biology	Library	
Chemistry	Physical Education	
Facility Rental Tech	Student Affairs	

Number of hours per week you are willing to work: _____

Course of study/major: _____

Number of credits enrolled this semester: _____

Have you previously worked at UW-FDL? Yes No

If yes, when? _____

Department/area? _____

Administrative Use Only

Work Study Award Accepted _____

Approx. Work Hours Available per semester
 _____ (based on \$7.50/hr)

Application to: _____ Date _____

Date hired: _____ Not Hired _____

Application to: _____ Date _____

Date hired: _____ Not Hired _____

Black out the hours you are **NOT** able to work

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

Please complete the reverse side and return completed form to Fran Holzmann in AE112 or fran.holzmann@uwc.edu

List current job skills from training and/or experience

List computer experience

Employment History (List present or most recent job first)

Employer 1 _____ **Mo/Yr** _____ **Through** _____
City _____ **State** _____ **Wage** _____
Duties _____

Reason for leaving: _____

Reference name _____ **Position** _____ **Phone** _____

Employer 2 _____ **Mo/Yr** _____ **Through** _____
City _____ **State** _____ **Wage** _____
Duties _____

Reason for leaving: _____

Reference name _____ **Position** _____ **Phone** _____

Personal Reference (non-family member)

Reference name _____ **Phone number** _____

Comments: _____

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize verification of any or all information listed above.

Signature _____ **Date** _____