

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Apartment/Unit #

_____ City State ZIP Code

Home Phone: () _____ Cell Phone: () _____

Availability: Full-Time Part-Time Shift Preferences: (days) (mid day) (nights)
 How did you learn of the opening? campus posting employee referral _____ website other _____

Email: _____ 927: _____ Do you have a car: YES NO

Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>	Can you start work immediately? YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you legally eligible for employment in the United States? YES <input type="checkbox"/> or NO <input type="checkbox"/>	Can you attend mid-semester trainings? YES <input type="checkbox"/> NO <input type="checkbox"/>
If Yes above, Do you have a Social Security card? YES <input type="checkbox"/> or NO <input type="checkbox"/>	Have you worked on campus before? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you served in the United States Armed Forces? Branch? _____ YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, who was your prior Campus Supervisor? _____
Classification: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Other <input type="checkbox"/> Learning Support <input type="checkbox"/> FYE	

Position(s) Desired

<input type="checkbox"/> Game room/Fitness Center...Minimum GPA 2.0	Responsible for: Monitor users and provide support
<input type="checkbox"/> Information Desk.....Minimum GPA 2.0	Responsible for: Providing information to users and monitoring building
<input type="checkbox"/> Event StaffMinimum GPA 2.0	Responsible for: Events, and other duties. This is an on-call position
<input type="checkbox"/> Office Assistant.....Minimum GPA 2.0	Responsible for: Monitor users and provide support
<input type="checkbox"/> Student ManagerMinimum GPA 2.25	Responsible for: JSAC building, events and users

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Skills, Licenses, Certifications

Check all skills:

Typing <input type="checkbox"/>	Graphic Design <input type="checkbox"/>	Circle all that apply: Publisher <input type="checkbox"/> Corel Draw <input type="checkbox"/> Webpage <input type="checkbox"/> Other: _____	
Lifeguard <input type="checkbox"/>	Receptionist <input type="checkbox"/>	Marketing <input type="checkbox"/>	Peer Mentor <input type="checkbox"/>
Fitness Center <input type="checkbox"/>	Mentor <input type="checkbox"/>	Research <input type="checkbox"/>	Mediator <input type="checkbox"/>
Leadership Role <input type="checkbox"/>	Management <input type="checkbox"/>	Retail <input type="checkbox"/>	Conflict Resolution <input type="checkbox"/>
Student Ambassador <input type="checkbox"/>	Event Planning <input type="checkbox"/>	Database Management <input type="checkbox"/>	Team Building <input type="checkbox"/>

Employment History

Employer 1:		Phone:	()	
Address:		Supervisor:		
Job Title:				
Responsibilities:				
From:	To:	Reason for Leaving:		
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Employer 2:		Phone:	()	
Address:		Supervisor:		
Job Title:				
Responsibilities:				
From:	To:	Reason for Leaving:		

Applicant Questions – This is your writing sample

What does Augusta State University mean to you?

What strengths do you bring to the job and why should you be selected?

List membership in student organizations, volunteer and club positions.

Applicant References – List 3 One must be professional

Name:	Business:	Phone:	Title:
Name:	Business:	Phone:	Title:
Name:	Business:	Phone:	Title:

Applicant Certification

I voluntarily give Augusta State University the right to make a thorough investigation of my past employment, agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies or corporations supplying such information. It is understood that my present employer will not be contacted without my further consent.

I understand that if I am selected for a position that I may have to lift at least 25 lbs. I understand that submitting an application does not guarantee me an interview or a position in the office of student activities. I understand that I will only be called only if selected for an interview.

I certify that the information provided herein is true and correct. I authorize investigation of all statements contained in this application. If employed, any material misstatement or omission of fact on this application may result in my dismissal.

Augusta State University is an equal opportunity employer. It is the College's policy to employ qualified applicants without regard to race, color, sex, age, handicap, national origin, religion, veteran status, sexual orientation or preference.

Applicant Signature: _____ Date: _____

Incomplete applications will NOT be processed
Staple your schedule for the semester you wish to work
Applications with schedules will receive first priority