

Student Employment Application

Do you qualify for work study? Yes ___ No ___ I don't know ___

Today's Date: _____

Last name: _____ First name _____ M.I. _____

Student ID No: _____ E-mail Address: _____

Local Address (*required)

Street Address: _____ Apt. Number: _____

City: _____ State: ___ Zip code: _____ Phone: _____

Permanent Address

Street Address: _____ Apt. Number: _____

City: _____ State: ___ Zip code: _____ Phone: _____

Emergency Contact

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Student Status

Class Level: _____ Major: _____ Present Course Load (units): _____

How many more semester(s) do you expect to be attending CSUN? _____

Skills

Special skills: _____

Software skills: _____

Work Experience

Are you currently working? Yes ___ No ___ How many hours per week? _____

Have you ever worked on campus? Yes ___ No ___ For whom (dept.)? _____

Have you ever worked in a library? Yes ___ No ___

If yes, which library? _____ Supervisor's name: _____

Employment History

Company: _____ Employment dates: _____

Address/location: _____

Duties: _____

Reference: _____ Phone: _____

Reason for leaving: _____

Company: _____ Employment dates: _____

Address/location: _____

Duties: _____

Reference: _____ Phone: _____

Reason for leaving: _____

Notice:

If hired student must provide **proof of identity and work authorization** as required by the Immigration Reform and Control Act of 1986. Some positions may require that the student successfully complete a **background check** before beginning work.

How many hours per week would you like to work in the library? _____

Can you work weekends? Yes ___ No ___

Can you work evenings? Yes ___ No ___

Please select hours that you **ARE AVAILABLE** to work _____

Hour	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
7am-8am							
8am-9am							
9am-10am							
10am-11am							
11am-12pm							
12pm-1pm							
1pm-2pm							
2pm-3pm							
3pm-4pm							
4pm-5pm							
5pm-6pm							
6pm-7pm							
7pm-8pm							
8pm-9pm							
9pm-10pm							
10pm-11pm							
11pm-12am							

SUPERVISING PERSONNEL ONLY: COMPLETE UPON HIRING

Student signature to confirm available hours: _____

Supervisor's Name: _____ Supervisor ID #: _____

Department: _____ Dept. ID #: _____ Delete from Handshake? **Y / N**

Start Date: _____ End Date: _____

Pay Rate: _____ Classification: _____ Job #: _____