



**Student Employment Application
INDIANA UNIVERSITY PURDUE UNIVERSITY FORT WAYNE**

DATE: _____

Personal Information:

NAME: _____ STUDENT ID NUMBER: _____
(FIRST) (LAST) (MI)

PRESENT ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

TELEPHONE: _____ EMAIL: _____

U.S. Citizen? YES NO

If No, Do You Have a _____ J-1 Visa _____ F-1 Visa?

Have You Been Approved & Have You Accepted Work Study through Financial Aid? YES NO

Have You Been Using your Work Study Award in another Department? YES NO

Date Award Accepted _____

Date First Worked _____

Major: _____ Hours Enrolled: _____

Hours of Availability (Please mark the hours that you are available):

	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm	6pm	7pm	8pm	9pm	10pm	11pm
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Position for Which You Are Applying: _____

Clerical Or Technical Skills You Possess: _____

Employment History:

Employer (include current employer)	Dates (month/year)	Location (city/state)	Phone	Job Title

In Case of A medical Emergency Please Contact:

Name: _____ Phone: _____

Address: _____ Relationship: _____

If employed, I will be subject to and agree to comply with policies, rules and regulations of the University and I agree to use safe working techniques and all safety equipment required. I understand that any false statement by me in this application or failure to give any material information requested will be caused for my rejection or dismissal.

Have you ever been convicted of a crime (include courts-material convictions, but exclude minor traffic violations)?

Yes No

If yes, list date, charge, place, court and action taken _____

I understand that employment in certain jobs is conditional upon a review of criminal conviction records. I authorize the University to request and obtain, through the Indiana State Police, an investigation and report to determine the accuracy of my above answers as to prior criminal convictions, if any.

Applicant's Signature: _____ Date: _____