## STUDENT EMPLOYMENT APPLICATION FORM



**PURPOSE:** The purpose of this form is to enable the recipient to apply for open student worker positions.

**INSTRUCTIONS:** This form is to be filled out completely and accurately by the recipient and submitted to those departments for whom you desire to work. Human Resources department also needs a copy of this competed form.

## (PLEASE PRINT OR TYPE AND CHECK APPROPRIATE CIRCLES)

## POSITION INFORMATION

For what position are you applying? _		Application Date		
Department/Division	I		Day	
Have you ever been employed with CE	BU before? [ ] Yes [ ] No	o If Yes, please give dates:		<i>I</i>
Verification of eligibility to work in the Unicludes completion of INS I-9 form an Can you provide these docum	d verification of identificati ents? []Yes []No	on documents.	ent in the	position. This
	PERSONAL INFO	DRMATION		
Last Name	First	Middle Initial	Social	Security Number
8432 Magnolía Ave On Campus Address (if applicable)	Campus Box Number	<u>Ríversíde</u> City	<u>СА</u> State	<u>92504</u> Zip
() (	) Il Phone /with area code	@calbaptist.edu CBU Email Address		
Permanent Street Address:	Number and Street	City	State	Zip
Person to notify in an Emergency: Last Name F		First Name	() Phone /	/with area code
Student ID #	Are you currently enroll	ed at CBU? [ ] Yes [ ] No		
Academic Major	Year in School/Completed Units			
Other on-campus involvement (FOCUS	S, RA, ASCBU, etc.)			
Plea	se give your 24 hour work	availability for each day		
Monday:		Friday:		
		Saturday:		
Wednesday:		Sunday:		
Thursday:				
Are you able to work during summer be	reak (yes or no):		Contin	ue to reverse side

Please give accurate, complete full-time and part-time employment history for the **past 10 years**. **Résumé may not be substituted for this application.** Include any position-related military service assignments and volunteer activities. Organizations which indicate race, color, gender, national origin, handicap or other protected status may be excluded.

EMPLOYER (Present or Last)  May we contact? [] Yes [] No	
Name of Employer	Job Title
Street City Zip	Datas Faralassad Faras (To (Ma (Va)
Area Code Telephone Name of Supervisor	Dates Employed From/To (Mo/Yr)
Describe work performed:	Reason for Leaving:
2. <b>EMPLOYER</b> (Present or Last) May we contact? [] Yes [] No	
Name of Employer	Job Title
Street City Zip	Dates Franks and Frank To (Ma (Vs)
Area Code Telephone Name of Supervisor	Dates Employed From/To (Mo/Yr)
Describe work performed:	Reason for Leaving:
APPLICANT'S AGREEMENT CLAUSE AND SIGNA	ATURE
I understand that my Student Application for Employment will not be seriously cons Baptist University to be significantly incomplete. The information provided in this ap to the best of my knowledge. I understand the position for which I am applying is a have employee benefits. I agree to receive my earned wage either semi-month university. I understand and agree that I could receive my last and final payche address listed on the reverse side of this form or an updated address on record. begin work without first submitting a completed Student Employee Checklist with ac Resources Office. I understand and agree that, if employed, either CBU or I will relationship at any time, with or without cause and with or with out notice.	plication is true, correct, and complete student worker position and does NOT ally or by stipend at the option of the ck by USPS mailed to my permanent. I understand that if hired, I may not companying documents to the Human
Date/ Signature	