



APPLICATION FOR STUDENT EMPLOYMENT

Name: _____ NSU ID#: _____
Last First MI

Address: _____
Street City State Zip

Phone number to contact you: _____ E-mail: _____

Classification (select one): Freshman Sophomore Junior Senior Graduate

Have you been awarded a federal work-study grant? ___Yes ___No

Semesters you want employment: ___Fall ___Spring ___Summer

Fill in the time you are available to work this semester:

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Have you held a work-study or institutional position at NSU previously? ___Yes ___No

If yes, please fill in the following information:

Supervisor's Name

Department

Position

1. _____

2. _____

Please list any volunteer experience: _____

Please list any clubs, activities or hobbies: _____

Have you been convicted of a crime in the last ten years? ___Yes ___No

References: (other than work-study supervisors listed above)

Name

Telephone

Relationship

1. _____

2. _____

In case of an emergency notify: _____
Name Telephone

Please place a checkmark next to the skills that best describe your interests:

<input type="checkbox"/> Typing	<input type="checkbox"/> Tutoring	<input type="checkbox"/> Food Service
<input type="checkbox"/> Ten Key/Adding Machine	<input type="checkbox"/> Physical Work	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Cash Register	<input type="checkbox"/> Computer Skills	<input type="checkbox"/> Other _____
<input type="checkbox"/> Library Skills	<input type="checkbox"/> Grounds Work	_____

Signature _____

Date _____

Note: *Please return application to the Department where you are applying
(For Broken Arrow campus, submit to Enrollment Management Center.)