UNI Application for Student EmploymentFacilities Management

Date:		Position Applied Fo	or:	
		es a commitment to work the number of hours half time (6 credits) for fall and spring to be el		
Name:		Student	t ID #	
Local Add	dress:		·····	
Phone Nu	mber:	Email Address:		
Class Star	nding:	Major:	Minor:	
Were	e you awarde	ed Work Study for the current year?	YES	NO
Will	you be able	to work during breaks and the summer?	YES	NO
Has y	your license	been suspended or revoked in the last two year	ars? YES	NO
Are y	you employe	ed elsewhere on campus?	YES	NO
	If employed	d, where?		
may or ma	ny not have y t UNI can w	rk: List all times desired. Remember to ind your ideal schedule available. Try to be as a york up to 20 hours per week and up to 40 l	flexible as possible. l	Full time
Monday		Thursday _		
Tuesday		Friday		
Wednesday	/	Optimal # o	of hours desired:	per week
Do	4 _	Former Employers		
Dar From	tes To	Name of Employer	Position Du	ties

References:					
Name	Relationship	Phone# or Email			
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