UNI Application for Student Employment
Facilities Management

Date: ______________________________  Position Applied For: ______________________________

This position requires a commitment to work the number of hours per week indicated. You must be enrolled at least half time (6 credits) for fall and spring to be eligible for Student Employment.

Name: ________________________________  Student ID # ________________________
Local Address: ______________________________________________________________________
Phone Number: ___________________________  Email Address: _____________________________
Class Standing: ________________  Major: _________________  Minor: __________________

Were you awarded Work Study for the current year?  YES  NO
Will you be able to work during breaks and the summer?  YES  NO
Has your license been suspended or revoked in the last two years?  YES  NO
Are you employed elsewhere on campus?  YES  NO

If employed, where? ________________________________

Times available to work: List all times desired. Remember to indicated a.m. or p.m. Departments may or may not have your ideal schedule available. Try to be as flexible as possible. Full time students at UNI can work up to 20 hours per week and up to 40 hours during scheduled breaks and the summer.

Monday ______________________________  Thursday ______________________________
Tuesday ______________________________  Friday ______________________________
Wednesday ______________________________  Optimal # of hours desired: _______ per week

Former Employers

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<tr>
<th>Dates</th>
<th>Name of Employer</th>
<th>Position Duties</th>
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Please list any qualifications you possess that you feel would assist you in this position.

_____________________________________________________________________________________

_____________________________________________________________________________________

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References:

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The above information is accurate to the best of my knowledge. I understand that completion of this application does not guarantee employment. I hereby authorize the employer to check my past work experiences and review educational transcript materials. I also authorize any reference source to provide UNI with any and all information concerning my previous record and release all parties from all liability for any damage that may result from furnishing this information to you.

SIGNATURE ________________________________  DATE ________________

OFFICE USE ONLY:

Job Title: ________________________________

Start Date: ______________________________

Contact Person: _________________________

T-shirt size: ____________________________