

Today's Date: ___/___/___

Student ID# _____

Office Use Only	Fulltime ___ (or) Part-time ___	Number of Credit Hours: Fall ___ Spring ___
	# Summer Classes: May Mini ___ Summer 1 ___ Summer 2 ___ Tri-mester ___	

I. Personal Information

First Name: _____ Last Name: _____ Steubenville Phone () - :

Cell Phone: () -

Local Address: Street (or) Dorm Name _____ City _____ State ___

Home / Permanent Address: _____ City _____ State ___ Phone): () -

Major/Minor: _____ Year in School: _____

Graduation Date: May: ___(Year) OR December: ___(Year)

Planning to go to Austria? If Yes - Fall ___ Or Spring ___

II. Financial Information

1. Have you completed the forms required by the SWOP office? _____
2. Hours of availability between 9:00am - 4:30pm:
Minimum 2-hour increments: (example: 9-11am) Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___
3. Number of hours/week desired. 8-10 10-12 12-14 14-16 16-20 **Full Time (Summer Only)**
4. Available to work: Evenings? ___ Weekends? ___
5. Do you plan to work on campus during the summer? ___ Yes ___ No

III. Work Experience

Have you previously worked on the campus of Franciscan University? ___ Yes ___ No If "yes":

Which Department: _____ Supervisor: _____ Length of time: Years ___ Months ___

Please list past and present job experience.

1) Employer Name _____ Address _____

Supervisor's Name: _____ Contact Phone Number: () --

Position held: _____ Dates: _____

General Duties: _____

2) Employer Name _____ Address _____

Supervisor's Name: _____ Contact Phone Number: () --

Position held: _____ Dates: _____

General Duties: _____

IV. Miscellaneous

Why do you want to work for Franciscan University Bookstore? _____

List any other experience, skills, or job training which might be beneficial to the position for which you have applied.

Signature: _____ Date: _____