STUDENT EMPLOYMENT APPLICATION

IT Support Center
Delaney Hall, Suite G-35
950 Grant Street
IUP
Indiana, PA 15705-1085
724-357-4000

Today's Date

APPLICANT INFORMATION

Last Name		First Name		M.I.			
Local/Campus Address		Apt/ Unit #		Local City			
Home Address		Home City		Home State		Home Zip	
Contact Phone		IUP E-mail Address					

Are you eligible for Federal Work Study?	◯ Yes ◯ No	User ID(include @)	@
Available Start Date		Do you have a valid Driver's License?	◯ Yes ◯ No
Are you eligible for work in the US?	◯ Yes ◯ No	Are you available for summer work?	◯ Yes ◯ No

STUDENT STATUS

Major		Minor		Are you currently employed by IUP?
How many credits are you taking this semester?		Expected Graduation		◯ Yes ◯ No

TECHNOLOGY EXPERIENCE

Please note that it is beneficial to have technology experience, but it is not required for this position.

Please rate your skill level on the topics below using the following rating scale. (Half ratings such as 3.5 and 2.5 are permitted.)
1 = No Experience 2 = Novice Skill 3 = Moderate Skill 4 = Expert Skill

Operating Systems	Rating	Software Applications	Rating	Peripheral/Other	Rating
Windows		Microsoft Word		Printers	
OS X		Microsoft Excel		PC Hardware	
Linux		Microsoft Access		Networking	
iOS		Microsoft PowerPoint		Phone Skills	
		Sophos AV			
		Malwarebytes			

Additional information (include extracurricular activities, clubs, hobbies, interests, etc)

REFERENCES (Please list professional references)

Full Name		Relationship	
Company		Phone	
Full Address			
Full Name		Relationship	
Company		Phone	
Full Address			
Full Name		Relationship	
Company		Phone	
Full Address			

CURRENT EMPLOYMENT

Company		Phone	
Full Address			
Job Title		Supervisor's Name	
Responsibilities			
May we contact this individual for a reference?	◯ Yes ◯ No	Date of employment	

PREVIOUS EMPLOYMENT

Company		Phone	
Full Address			
Job Title		Supervisor's Name	
Responsibilities			
May we contact this individual for a reference?	◯ Yes ◯ No	Date of employment	
Reason for leaving:			
Company		Phone	
Full Address			
Job Title		Supervisor's Name	
Responsibilities			
May we contact this individual for a reference?	◯ Yes ◯ No	Date of employment	
Reason for leaving:			

DISCLAIMER

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.