

Indiana University of Pennsylvania
 University Health Service
 Medical Records Department
 Application for Student Employment

Date of Application: _____ Freshman Junior
 Date Available for Work: _____ Sophomore Senior

STUDENT NAME: _____ ID#: _____

HOME ADDRESS: _____

HOME PHONE: _____

Email: _____

IUP ADDRESS: _____

IUP/Cell PHONE: _____

Do you have Federal Work-study? Yes No (not a required condition)

Skills: (Check those that apply):

Typing Computer Skills General Office Skills Filing
 Copy Machine Errands

Educational Background: (Check those that apply)

Computer / Business Nursing / Pre Med Counseling / Education
 Other (Specify: _____)

Major at IUP: _____ Current QPA: _____

Do you have a valid driver's license? Yes No (**Required for employment**)

Do you have any previous driving convictions? Yes No

REFERENCES: List three past employers that we may contact to inquire about your qualifications.

FULL NAME	Business / Company Name	JOB TITLE	PHONE #

I certify that all statements made by me on this application are true and correct to the best of my knowledge and belief, and are a full and complete disclosure. I agree that if employed, any misrepresentation, falsification or omission of facts thereon, regardless of when discovered, shall justify my dismissal. My signature constitutes my agreement thereto in return for consideration of my application.

 Applicant's Signature (In ink) Date

*Please attach a copy of your class schedule.