

WORK EXPERIENCE:

(Please list all prior work experience).

Position/Job Title	Date of Employment	Employer	Job Responsibilities

QUESTIONS:

The following questions are an important part of your application. Please take the time to respond to all three questions thoroughly. Attach another sheet if you need more room to respond to the questions.

A. What do you believe would be the most IMPORTANT job responsibilities of an office worker and why?

B. List your skills, abilities, and personal characteristics which would enable you to be an effective Office Worker.

C. What skills, abilities, and personal characteristics would you like to develop and/or strengthen through the Office Worker position?

Please mark the hours you **are available** for work in the upcoming semester with an "X"
(Please note, availability is a factor in the decision to employ)

	9 am	10 am	11 am	12 pm	1 pm	2 pm	3 pm	4 pm	5 pm	6 pm	7 pm	8 pm	9 pm	10 pm	11 pm	12 am	1 am	2 am
Sun																		
Mon																		
Tue																		
Wed																		
Thu																		
Fri																		
Sat																		

**Please ATTACH the following information to your application
 (both items can be found on the URSA system)**

- Copy of your class schedule Copy of Federal Work-study Verification Letter *(If applicable)*

Application Date _____ Interview Date _____ I-Card Number _____ Building Hired for: _____ Date Hired _____ COMMENTS: _____ Official Use ONLY
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