# Application for Student Employment
## University Printing, Folger Hall

Application Date: _____

**I. BASIC INFORMATION** Name: _____

Campus Address: _____

Cell phone: (_____)_____ E-mail Addy: _____

Major: _____ Department: _____

Year: (circle one) Fr So Jr Sr Grad Anticipated graduation date: _____

Semester applying for: Fall Spring Summer I Summer II Year: _____

Do you have Federal Work Study? Yes No If yes, amount per semester: $ _____

**II. SKILLS** (List any training or skills. Include typing, copying, lithography, computer, etc.)

_____

_____

**III. WORK EXPERIENCE:** (begin with your most recent OR present job)

1. _____
Employer Address Telephone

_____
Date employed From To Supervisor

_____
Duties

_____
Reason for leaving

2. _____
Employer Address

_____
Date employed From To Supervisor

_____
Duties

_____
Reason for leaving

3. Have you previously been employed in any department within IUP?_____

If yes, which department and dates of employment? _____

**IV. RELATIONS** Are you related to any member of the faculty or staff? Yes or No

If yes, Name(s) _____

Office/Department employed in _____

**V. REFERENCES:** Name Position Address Phone

_____

_____

_____

**VI. JOB APPLYING FOR:** ___ Office worker
(workorder procedures, assist w computerized billing, direct phone calls, receptionist duties & customer relations)
___ Pressroom Laborer
(collate, bind, shrink wrap, stocking paper, paper drill, shredding, shipping details)

**VII. WORKING HOURS: BE ADVISED, that on occasion, hiring is done for the SOLE PURPOSE of the students' availability during specific PEAK WORKING HOURS! So, as a student, if for ANY REASON, you are unable to keep the hours you have originally agree to, perhaps you could be dismissed. If this schedule changes during the course, please notify the department head, IMMEDIATELY TO CONTINUE EMPLOYMENT.**

**SCHEDULE HOURS for: FALL/SPRING Semesters 8:00AM - 4:30PM**
**SUMMER SESSIONS 8:00AM - 4:00PM**

| Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|
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***I hereby certify that all answers given and statements made are true and correct. In the event of employment. I understand that false or misleading information in this application may result in discharge.***

**Signature**_____

**YOUR APPLICATION WILL REMAIN ON FILE UNTIL END OF SEMESTER/SESSION.**