

L.P. Young Student Center
STUDENT EMPLOYMENT APPLICATION

Date: _____ **Current Semester:** Fall Spring Summer

Name: _____

KSC ID#: _____ Phone # you can be reached at: _____

KSC Mailbox/Local Address: _____

E-mail address: _____
(Please print clearly. We use e-mail to contact you regarding the status of your application)

Class: Freshman Sophomore Junior Senior Grad

Work-Study Authorization Status: yes no If yes, amount authorized: _____
(If you received Work-Study, you got a card from Student Financial Services this summer. If you lost it, see them on the 1st fl. of Elliot Hall)

Have you worked on campus before? yes no If yes, where? _____

Where were you born? _____

Hometown: _____

High School: _____

Position(s) Interested in Applying For (check one or more):

- | | |
|----------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Administrative Office Assistant | <input type="checkbox"/> Information Desk Staff |
| <input type="checkbox"/> Night Owl Cafe Staff | <input type="checkbox"/> Sound/Light Tech Staff |
| <input type="checkbox"/> Owl's Perch Game Room | <input type="checkbox"/> Community Service Support Staff |
| <input type="checkbox"/> Graphic Designer | <input type="checkbox"/> ANY OF THE ABOVE |

Previous Work Experience:

Company/Organization	Years/Months Employed	Job Title	Duties

Please tell us why you would like to work in the Student Center:

Please describe any specific experiences or skills that we should know about when considering your application?

What's your favorite movie/TV or book quote or song lyric? *(Please include what movie/book/artist)*

What is your definition of teamwork and what attributes do you have that will contribute to our team?

Briefly describe an achievement or experience you are most proud of:

Please indicate whether you have been promoted, recognized or given special responsibilities in a job or other situation based on your performance. If yes please provide details below.

I have completed this application to the best of my knowledge. I understand that falsification of any part of this application is grounds for immediate termination if hired.

Signature: _____ **Date:** _____

Please fill out the attached schedule of times you are NOT available to work

“X” OFF ALL TIMES THAT YOU ARE NOT AVAILABLE

(For example when you have classes, lunch, scheduled meetings or just can't work!)

TIME	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7:00							
7:30							
8:00							
8:30							
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11:00							
11:30							
MIDNIGHT							

