



Application for Student Employment

_____MacDonald Hall _____Farrell Hall _____Library Café _____Treat Street _____Campus Convenience
(Please Check Desired Units)

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Name_____Student ID_____

Local Telephone No.(Cell preferred)_____Campus Mail Box_____

Total Hours Desired/Week_____(20 hours. Max.)E-mail Address: _____

Have you ever been convicted of a felony? _____If yes, please explain: _____

Have you worked for CADI before? _____If yes when? _____

Prior Employment

Name & address of present or last employer: _____

Starting Date: _____Ending Date: _____Job Title: _____

Name/Title of Supervisor: _____Phone No. _____

Description of Work: _____Reason for Leaving: _____

Previous Employer: _____

Starting Date: _____Ending Date: _____Job Title: _____

Name/Title of Supervisor: _____Phone No. _____

Description of Work: _____Reason for Leaving: _____

Previous Employer: _____

Starting Date: _____Ending Date: _____Job Title: _____

Name/Title of Supervisor: _____Phone No. _____

Description of Work: _____Reason for Leaving: _____

Please fill in your **Class/Activity** Schedule: Semester: Fall/Spring 20_____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:00-9:00							
9:00-10:00							
10:00-11:00							
11:00-12:00							
12:00-1:00							
1:00-2:00							
2:00-3:00							
3:00-4:00							
4:00-5:00							
5:00-6:00							
6:00-7:00							
7:00-8:00							
8:00-9:00							
9:00-10:00							
10:00-11:00							
11:00-12:30							

If hired, a condition of employment is that every student will be expected to work weekends, if and when required. Two unexcused absences subject employee to discharge. Failure to complete work schedules for the full-term will result in employee not being recommended for rehire.

I certify that all the information submitted by me on this application is true and complete, and I understand if any false information, omissions or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

Signature: _____Date: _____