

# Student Employment Application

**JOB REFERRAL INFORMATION – PLEASE FOLLOW THE (HOW TO APPLY INSTRUCTIONS) ON THE JOB POSTING. BRING A COPY OF THIS APPLICATION IF YOU ARE INVITED TO INTERVIEW. PLEASE RETAIN THE JOB NUMBER, DEPARTMENT, AND POSITION TITLE FOR FUTURE USE.**

Job #: \_\_\_\_\_ Dept: \_\_\_\_\_

Contact: \_\_\_\_\_ Extension: \_\_\_\_\_

## **APPLICANT INFORMATION**

Name: \_\_\_\_\_ Your A# \_\_\_\_\_  
Local Phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_  
College: \_\_\_\_\_ Major: \_\_\_\_\_ Year in school: \_\_\_\_\_  
Are you registered? Yes / No Anticipated date of graduation \_\_\_\_\_  
Do you have Federal Work study? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \$ \_\_\_\_\_

## **AVAILABILITY**

When are you available to begin working? \_\_\_\_\_  
Number of hours available to work per week: \_\_\_\_\_  
Please circle all times you are available to work:  
Days Evenings Weekdays Weekends Breaks/Holidays Finals

## **WORK HISTORY**

If presently employed, may we contact your supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_

## **UCSD Work Experience**

Department: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Type of work: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Non-UCSD Work Experience** (current or most recent)

Company Name: \_\_\_\_\_ Type of work: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Type of work: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

## **SKILLS**

Office/Clerical \_\_\_\_\_ Public Service \_\_\_\_\_ Computer \_\_\_\_\_

Foreign Language \_\_\_\_\_ Library Experience \_\_\_\_\_

Other \_\_\_\_\_

I hereby certify that all statements on this application are true and complete to the best of my knowledge and belief. If employed, I understand that my falsification of this record or failure to disclose fully the information requested may be considered cause for separation. I understand that I must pay UC registration fees for each quarter to be eligible to work as a student employee within UCSD.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

