Occidental College
Application for On-Campus Student Employment
(Please complete and submit this form to the department you wish to be employed)

Position Applying for: ____________________________ Date available to start: ________________

Full Name: ____________________________ Employee ID #: ___ A0 ________________

Local Phone: ____________________________ Email: ____________________________

Current Class Standing: ______ Freshman ______ Sophomore ______ Junior ______ Senior

Enrollment Status: ____ Full-time ____ Part-time Work Award? YES NO (not applicable in Summer)

Check here if you are an International Student □

HOURS OF AVAILABILITY:

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How many hours per week do you wish to work? (Max. 10 hrs./week during the academic semester): ____

Are you available for: (Check all that apply): ___ Fall ___ Winter Break ___ Spring ___ Spring Break ___ Summer

Are you a U.S. Citizen? ____ Yes ____ No If no, are you authorized to work in the U.S.? ____ Yes ____ No

PLEASE NOTE: Original forms of identification will be required to prove your identity and eligibility to work in the U.S.

Special Skills/Experience:

_____ Typing w.p.m _______ (proficiency: modest _____ substantial ______)
_____ IBM PC (proficiency: modest _____ substantial ______)
_____ Mac PC (proficiency: modest _____ substantial ______)
_____ Computer Programming (Languages: ____________________________)
_____ Word Processing (MS Word _____ Other ______)
_____ Spreadsheet (MS Excel _____ Other _____)
_____ Database (MS Access _____ Other _____)
_____ Audio-visual equipment (Types: ____________________________)
_____ Writing (Type: i.e., creative, technical ____________________________)
_____ Fluency in second language (name of language: ____________________________)
_____ Other ____________________________
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Please list relevant paid or volunteer work experience:

1. Employer/Department: ________________________________ Position: ________________________________
   Address: ______________________________________ Phone: (____) _______ - _______
   Supervisor: ______________________________________ Dates of Employment: _____________

2. Employer/Department: ________________________________ Position: ________________________________
   Address: ______________________________________ Phone: (____) _______ - _______
   Supervisor: ______________________________________ Dates of Employment: _____________

3. Employer/Department: ________________________________ Position: ________________________________
   Address: ______________________________________ Phone: (____) _______ - _______
   Supervisor: ______________________________________ Dates of Employment: _____________

References:

1. 
   Last       First     MI     Phone     Relationship

2. 
   Last       First     MI     Phone     Relationship

3. 
   Last       First     MI     Phone     Relationship

I authorize you to contact my former employer(s) and/or references: _____ Yes   _____ No

__________________________ __________________________
Signature of Applicant             Date

We will consider for employment all qualified applicants, including those with criminal histories, in a manner consistent with the requirements of applicable state and local laws, including the city of Los Angeles’ Fair Chance Initiative for Hiring Ordinance.