Occidental College Application for On-Campus Student Employment

| (Please complete and submit this form to the departn | ment you wish to be employed in |
|--|---------------------------------|
|--|---------------------------------|

| Position Ap | plying for: | | | Date avai | lable to start: | | | |
|---|-----------------------------|--|--|-------------------|---------------------------|--------------|------------------|--|
| First and Last Name: Employee/Student ID #: | | | | | | | | |
| Lived First and Last Name: Pronouns: | | | | | | | | |
| Local Phone | e: | | | Em | nail: | | | |
| Current Cla | ss Standing: _ | Freshn | nanSopl | nomore | Junior | _ Senior | | |
| Enrollment Status: Full-time | | | Part-time Work Award? YES NO (not applicable in Summer) | | | | _ | |
| Check here | e if you are an | Internationa | I Student □ | ` | ,1100 044 | | , | |
| HOURS OF | AVAILABILIT | Y: | | | | | | |
| A B.4 | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | |
| A.M. | | | | | | | | |
| P.M. | | | | | | | | |
| | ailable for: (Che | | | Winter Breal | | | | |
| PLEASE Now | | forms of ide | ntification will | be required to | <mark>o prove your</mark> | identity and | d eligibility to | |
| Special Ski | IBI Ma Co Sp Da | ping w.p.m M PC (profici- ac PC (profici- proputer Progrord Processin preadsheet (MS atabase (MS adio-visual equ | ency: modest _ iency: modest amming (Lanous) g (MS Word _ MS Excel | Other Other Other | ntial) ntial) | _) |)) | |

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Please list relevant paid or volunteer work experience:

| Employer/Department: | Position: | | | | | | |
|---|-----------|----------------------|----------------------|-----|--|--|--|
| Address: | | Phone: (| | | | | |
| Supervisor: | | | Dates of Employment: | | | | |
| Employer/Department: | | | Position: | | | | |
| Address: | | | Phone: (| | | | |
| Supervisor: | | | Dates of Employment: | | | | |
| Employer/Department: | | Position: | | | | | |
| Address: | | | Phone: (| _) | | | |
| Supervisor: | | Dates of Employment: | | | | | |
| References: | | | | | | | |
| 1 | | | | | | | |
| Last Relationship | First | MI | Ph | one | | | |
| 2. | | | | | | | |
| Last Relationship | First | MI | Phone | | | | |
| 3. | | | | | | | |
| Last Relationship | First | MI | Ph | one | | | |
| I authorize you to contact my former employer(s) and/or reference | | | Yes | No | | | |
| Signature of Appl | | 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.

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