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: ___________________________

Class Standing as of Fall 2015: _____ 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. 15hrs./wk 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 (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

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