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. 8 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.