

APPLICATION FOR STUDENT EMPLOYMENT

Name: _____

_____ (Last) (First) (Middle)

Permanent
Address: _____

_____ (Street) (City) (State and Zip Code)

Cell Phone: _____ Home Phone: _____ S.S. # _____

TMU Student Email Address: _____

Campus area you would like to work in: _____

When will you be available to begin work? _____

Please place a check mark in the box that represents your TMU status:

☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

Special Training or Skills: _____

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Previous Employment:

1. Company Name: _____ Job Title: _____

Describe Your Job: _____

Reference Name: _____

Contact Number: _____

2. Company Name: _____ Job Title: _____

Describe Your Job: _____

Reference Name: _____

Contact Number: _____

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Have you been employed as a student worker at TMU previously? ☐ Yes ☐ No

If yes, in what Department _____ Date: _____

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For Office Use Only Date: _____

Job Assignment: _____ Hours per week: _____ Supervisor: _____

Financial Aid Office Determination: ☐ Institutional or ☐ Federal Work Study

Fall FWS Eligibility: _____ Spring FWS Eligibility: _____