Worcester Polytechnic Institute

Student Activities Office Application for Student Employment

Position: *Student Activities Office Assistant*

Personal Information:

Name: _____ Date: _____

Year in School: _____ Social Security #: _____

Local Address: _____ Permanent Address: _____

_____ _____

Phone: _____ Phone: _____

Have you been awarded a work study grant? Yes/No If 'Yes,' (amount): $ _____

Are you a returning employee? Yes/No If 'Yes,' (job station): _____

Email Address: _____

Employment History: *Please list your three most recent employers.*

Employer	Responsibilities	Dates

Availability: *Please indicate the times you are available to work.*

	AM 8	9	10	11	PM 12	1	2	3	4	5	6	7	8	9	10	11	AM 12
Mon:																	
Tues:																	
Wed:																	
Thurs:																	
Fri:																	
Sat:																	
Sun:																	