

GALLAUDET UNIVERSITY STUDENT EMPLOYMENT APPLICATION

POSITION DESIRED _____ DEPARTMENT _____

NAME _____ ID # _____

PERMANENT ADDRESS _____

LOCAL/CAMPUS ADDRESS _____

Class (e.g., Freshman, Graduate MA/MS) _____ MAJOR _____

GENERAL INFORMATION

Are you lawfully entitled to work in the U.S.? (Verification will be required) ___ Yes ___ No
 Have you been found in violation of any Gallaudet institutional regulations in the past year? ___ Yes ___ No
 Did you apply for financial aid? If yes, are you eligible for Federal Work Study (FWS) ___ Yes ___ No
 If you are under age 18, will you be able to furnish a work permit if employed? ___ NA ___ Yes ___ No

SCHEDULE

(Place an X at the times when you are available to work)

	9am	10am	11am	12n	1pm	2pm	3pm	4pm	5pm	6pm	7pm	8pm	9pm
Mon													
Tues													
Wed													
Thur													
Fri													
Sat													
Sun													

When can you start work? _____ Are you willing to work on weekends? ___ Yes ___ No

How many hours each week are you willing and able to work? _____

EDUCATION

School/Location	Years Attended	Graduate (Y/N)	Major	GPA
High School				
Vocational/Business				
College/University				

If you are not a new student, what is your current GPA? _____

TRAINING/SPECIAL SKILLS

Describe any special skills (including computer skills), training, or other qualifications you feel are applicable to the position for which you have applied.

EXPERIENCE

List most recent experience first. Include other student employment, coop/internship experiences, volunteer work, etc.

Employer: _____ Job Title: _____
Type of Business: _____ Supervisor's Name: _____
Address: _____
Telephone: _____ Salary: _____
Dates of Employment: From: _____ To: _____
Reason for Leaving: _____ May we contact this employer? _____
Duties: _____

Employer: _____ Job Title: _____
Type of Business: _____ Supervisor's Name: _____
Address: _____
Telephone: _____ Salary: _____
Dates of Employment: From: _____ To: _____
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Address: _____
Telephone: _____ Salary: _____
Dates of Employment: From: _____ To: _____
Reason for Leaving: _____ May we contact this employer? _____
Duties: _____

APPLICANT CERTIFICATION

I certify that, to the best of my knowledge, the information on this application is true and complete. I understand that any false information contained in this application may result in my not being considered for student employment, or if employed, terminated from the position. I authorize Gallaudet University to contact former employers, school officials, references, etc., unless I specifically state on this application not to do so. Additionally, I hereby release all former employers, school officials, and any individuals contacted regarding a reference from liability and any damages whatsoever resulting from giving such information regarding my background.

Applicant Signature

Date



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