

## **APPLICATION FOR STUDENT 1 MPLOYMENT**

Name:				V	
	Last	First	MI	NSU ID#:	
Address:	:				
	Street	City	State	Zip	
Phone n	umber to contact you:			E-mail:	
Classifica	ation:				
Have you	u been awarded a federal work-stu	udy grant?			
Semeste	ers you want employment:				
Fill in the	e time you are available to work th AM	iis semester:			
Monday Tuesday Wednes Thursday Friday	day				
Have you	u held a work-study or institutiona	l position at NSU previo	usly?		
	ease fill in the following information visor's Name	on: Department		Position	
Please lis	st any volunteer experience:				
Please lis	st any clubs, activities or hobbies:				
Have you	u been convicted of a crime in the	last ten years?			
References: (other than work-study supervisors listed above) Name Telephone 1. 2.				Relationship	
In case o Name	of an emergency notify:			Telephone	
Please p	lace a checkmark next to the skills	that best describe your	interests:		
	Typing Ten Key/Adding Machine Cash Register Library Skills	Tutoring Physical Wo Computer S Grounds Wo	kills	Food Service Maintenance Other	
Signatur	e			Date	

Note: \*Please return application to the Department where you are applying