



STUDENT EMPLOYMENT APPLICATION

Name: _____ Social Security Number: (leave blank until hired) _____
College/Local Address: _____

(CPO & Residence Hall/Street, City, ZIP)
Phone: _____ Student ID Number: _____
Please include area code
Email address: _____
Home address: _____

Street City State ZIP
Are you a student? _____ Wheaton College High School Other
Yes or No

If you are seeking permanent employment, please complete a staff application in the Human Resources Dept.

How many hrs/week can you work? _____ Are you qualified for Federal Work Study? _____
Position requested: _____ Department: _____
Do you have a relative working in the same department? Yes No _____
If yes, what is relative's name?

Please answer the following *yes or no*:

Have you read Wheaton College's Statement of Faith?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you able to abide by this Statement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If no, please attach an explanation.</i>
Have you read the Wheaton College Community Covenant?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you willing to adhere to this Covenant?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If no, please attach an explanation.</i>

Signature _____ **Date** _____
By typing your name above you are acknowledging that you have read and will adhere to Wheaton College's Statement of Faith & Community Covenant.

I can work:
Fall: A Quad B Quad
Spring: A Quad B Quad
Summer: From _____ To _____
Date Date

Have you previously worked for Wheaton College? Yes No
If so, in what department(s) have you worked? _____

EMPLOYMENT EXPERIENCE (Start with most recent)

Dates: _____	From To	Name of Employer: _____
Rate of pay _____	Supervisor's name and phone # _____	Reason for leaving _____
Your position and responsibilities: _____		

Dates: _____	From To	Name of Employer: _____
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Your position and responsibilities: _____		

Dates: _____	From To	Name of Employer: _____
Rate of pay _____	Supervisor's name and phone # _____	Reason for leaving _____
Your position and responsibilities: _____		

REFERENCES: (excluding former supervisors or relatives)

	Name	Address	Phone	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Summarize special skills and qualifications acquired from employment or other experiences (typing, computer, lab skills, painting, carpentry, grounds work, etc.).

Please add below any other information that you feel would be helpful in evaluating your application.

EMERGENCY INFORMATION:

Name _____ Address _____
 Work # _____ Home/Cell# _____ Relationship _____

Semester: Fall/Spring 20__
 Summer 20__

Name: _____		Cell Phone: _____
CPO: _____		Email: _____
I prefer: (circle one)	8-10 hours 10-12 More than 12 hours	You will be assigned Saturday shifts; it will be your responsibility to find a sub if you cannot work them. Thank you!

Please indicate all available work shifts, not just your preferred shifts.

M/W/F				TUES/THURS		
8:15-9:15 (1 hrs)	YES	NO		8:15-10:25 (2.5 hrs)	YES	NO
9:15-10:35 (1.25 hrs)	YES	NO		10:25-12:10 (1.5 hrs)	YES	NO
Chapel	YES	NO		12:10-1:10 (1 hr)	YES	NO
11:30-12:50 (1.25 hrs)	YES	NO		1:10 - 3:10 (2 hrs)	YES	NO
12:50-2:10 (1.25 hrs)	YES	NO		3:10-5:45 (2.5 hrs)	YES	NO
2:10-3:30 (1.25 hrs)	YES	NO				
3:30-4:45 (1.25 hrs)	YES	NO				
4:45-5:45 (1 hr)	YES	NO				

Please indicate Saturdays that you **cannot** work here: