

STUDENT EMPLOYMENT APPLICATION

NAME (Last, First, MI)	STUDENT ID #
ADDRESS (Number, Street, Town, State, Zip)	
PHONE ()	EMAIL _____@student.ccm.edu
SKILLS/INTERESTS: (e.g. computer skills, clerical skills, 2 nd language ...)	

I certify that answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the College.

Signature of Applicant: _____ **Date:** _____

<i>Office Use Only</i>	
<input type="checkbox"/> CWS \$ _____ \$ _____	<input type="checkbox"/> SAP Department _____ Supervisor _____
<input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____	<input type="checkbox"/> New <input type="checkbox"/> Rehire YOB _____ Curriculum _____ Status _____
Account # _____ Start Date _____ End Date _____	Period of Assignment _____ HPW _____

PUT AN **X** IN BOXES TO INDICATE TIMES IN CLASS AND TIMES YOU CANNOT WORK.

FALL SCHEDULE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00 - 9:15					
9:30 - 10:45					
11:00 - 12:15					
12:30 - 1:45					
2:00 - 3:15					
3:30 - 4:45					
5:00 - 6:15					
6:30 - 7:45					
8:00 - 9:15					

SPRING SCHEDULE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00 - 9:15					
9:30 - 10:45					
11:00 - 12:15					
12:30 - 1:45					
2:00 - 3:15					
3:30 - 4:45					
5:00 - 6:15					
6:30 - 7:45					
8:00 - 9:15					

Return this form to Sheila Prasisto, Career Services, at sprasisto@ccm.edu