L.A. Pittenger Student Center Ball State University

Interview Date:	
Interview Time:	
(for office use only)	

Name:		Date:				
BSU ID Number: E-mail Address:						
Campus Address:						
Primary Phone/Cell Number:	Permano	ent Phone Numbe	r:			
Current Class Standing (circle one): FR	SO JR	SR GRAD				
Major(s):	_ Minor(s)	:				
TITLE OF POSITION APPLYING FOR (Please Attach Stu	udent Employme	ent Referral Sheet)	:			
How many hours per week do you want to work approxim	nately:					
Are you willing to work evenings and/or weekends? (circ	le one):	Y or N				
Are you planning to enroll for summer session classes (c	ircle one):	1 st SS	2 nd SS Both	None		
Will you be available to work over breaks and during the	summer? (circle	one): Y o	r N			
What date are you available to begin employment?:						
Do you have another student job ON CAMPUS? (circle	le one): Y	or N				
If yes, which department do you work for?:						
If you use a time clock, please enter your employ	ee bar code num	nber:				
Describe any special interests or abilities you may have:_						
List all campus activities/organizations you belong to:				_		
List any computer skills/programs, office equipment or ma	achinery that you	ı have experience	with:			
List any skills/experiences/strengths you may have that w	vould be benefici	al to the job you a	re applying for:			

EMPLOYMENT HISTO	<u>RY</u> List	your most recent or	current employ	er. Attach additional sh	ieets if needed	
Employer:	mployer:[To:		
Address:						
Phone:	Position/Title/Duties:					
Supervisor's Name & Ti	tle:					
Reason for Leaving:						
May we contact this em	ployer to inqui	re about your work rec	ord? (circle one)	: Y or N		
REFERENCES List the		ormation of at least one	e person who has	knowledge of your expe	rience and abil	
Name:		Rel	ationship:			
Address:	Phone:					
CLASS SCHEDULE PI						
Semester (circle one):	Fall	·	SS 2 nd S			
Time	Mon.	Tues.	Wed.	Thurs.	Fri.	
8-9 a.m.						
9-10 a.m.						
10-11 a.m.						
11-Noon						
Noon-1 p.m. 1-2 p.m.						
2-3 p.m.						
3-4 p.m.						
4-5 p.m.						
Night Class						
This Signature authoriz	es the employ	er to verify past emplo	yment information	n, grades and class sche	dule at any time	
Authorized Signature	;	Date				
For Administrative Of	fice & Superv	isor Use Only:				
Employee Hired-Date:		Date to Begin Work:		Position:		
Job-No.:		_				
Supervisor:		Budget Code:		Last Day of Work:		
Remarks by Superviso	r:					
					Rev. 7-13-10	