



PART-TIME EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT LEGIBLY

Name (First, Middle Initial, Last) _____ Date _____

Local Address _____ Apt/Unit # _____

City / State / Zip _____ Phone () _____

Permanent Address _____ Apt/Unit # _____

City / State / Zip _____ Phone () _____

Position Applying For _____

Red ID # _____ E-mail Address _____

Individual to contact in case of emergency _____

Address _____

City / State / Zip _____ Phone () _____

IF HIRED, ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? YES NO

IF HIRED, CAN YOU PROVIDE PROOF OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? YES NO

ARE YOU A VOTING MEMBER OF ANY ASSOCIATED STUDENTS (A.S.) BOARD OR COMMITTEE? YES NO

A.S. bylaws state: Employees of A.S. cannot be a voting member on any A.S. Board or Committee due to conflict of interest.

PREVIOUS JOB RELATED WORK EXPERIENCE (MOST RECENT)

Employer _____ From _____ To _____

Address _____

City / State / Zip _____ Phone () _____

Immediate Supervisor _____ Type of Work _____
(Person to Contact)

Reason for Leaving _____

Employer _____ From _____ To _____

Address _____

City / State / Zip _____ Phone () _____

Immediate Supervisor _____ Type of Work _____
(Person to Contact)

Reason for Leaving _____

Employer _____ From _____ To _____

Address _____

City / State / Zip _____ Phone () _____

Immediate Supervisor _____ Type of Work _____
(Person to Contact)

Reason for Leaving _____

The above information is set forth to the best of my knowledge and belief. I understand that false or misleading information given on this application may result in my not being hired or subsequently terminated.

Signature _____ Date _____

What date would you be available for work? _____

No. of hours available per week _____

No. of units you are carrying this semester _____
(Must carry minimum of six units)

Are you an SDSU student? Yes No

Are you currently employed by Associated Students? Yes No

If yes, Dept. / Position _____

Have you ever worked for Associated Students? Yes No

If yes, Dept. / Position _____

Dates _____ Full-Time Part-Time

Supervisor _____

Reason for leaving _____

Medical conditions that would prevent you from performing job description _____

Are you eligible for work study? Yes No If yes, amount _____

This area is to be completed by supervisor only.

Date Filed _____

PAYROLL INFORMATION

Date Began Work _____ Occupation Code _____

Dept. Name _____

Home Locator # _____ Extra Locator # _____

Range _____ Step _____

Starting Rate _____ New Hire: Yes No

Supervisory Position Non-Supervisory Position

Job Title _____

Supervisor _____

IF DRIVING FOR BUSINESS

CDL# _____

Date of Birth _____

APPROVAL

Lead _____

Supervisor _____

Dept. Approval _____

Final A.S. Approval _____

ASSOCIATED STUDENTS PART-TIME EMPLOYMENT APPLICATION

Additional Experience and/or Skills: including volunteer work, which relate to the position for which you are applying _____

Major _____ Expected Graduation Date _____

Additional Comments _____

Best time to call _____

 **IN HOURS AVAILABLE FOR WORK THIS SEMESTER**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 Noon							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							

ARE YOU AVAILABLE TO WORK AFTER 6:00 PM? YES NO