



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 _____

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.
Based on the job description are you able to perform the job duties as outlined without accommodation? YES NO
If NO, please list any medical conditions that would prevent you from performing the job as described. _____

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

PREVIOUS JOB RELATED WORK EXPERIENCE (MOST RECENT)

Employer _____ From _____ To _____
Address _____ City/State/Zip _____
Phone () _____ Immediate Supervisor _____
(Person to Contact)
Type of Work _____
Reason for Leaving _____

Employer _____ From _____ To _____
Address _____ City/State/Zip _____
Phone () _____ Immediate Supervisor _____
(Person to Contact)
Type of Work _____
Reason for Leaving _____

Employer _____ From _____ To _____
Address _____ City/State/Zip _____
Phone () _____ Immediate Supervisor _____
(Person to Contact)
Type of Work _____
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 _____

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