

Student Employment Application (Please print or type clearly)

Name: _____ SNHU Student ID: _____

Local Address: _____

E-mail: _____ Preferred phone: _____

Preferred method of contact: _____ E-mail OR _____ Phone : _____

How many hours are you available to work? _____ Are you available to work nights or weekends? _____

What is your degree program/major? _____

Work eligibility: _____ Work Study or _____ University Paid

What days and times are you available to work?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

What software applications are you familiar with? (Check all that apply)

- Datatel
- Microsoft Access
- Microsoft Excel
- Microsoft Word
- Microsoft Outlook
- Microsoft Publisher
- Microsoft FrontPage
- Microsoft PowerPoint
- Other _____

What general office skills do you have experience with? (Check all that apply)

- Access to confidential information
- Answering telephones
- Filing
- Typing
- Other _____
- Other _____

Are you able to perform this job with or without reasonable accommodation? Yes _____ No _____

Southern New Hampshire University

Employment History:

Employer: _____ From: _____ To: _____

Job Title: _____ Supervisor _____ Phone: _____

Job Function: _____

Reason for Leaving: _____

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Job Title: _____ Supervisor _____ Phone: _____

Job Function: _____

Reason for Leaving: _____

Special Skills and Qualification: Summarize special skills and qualifications acquired from previous employment or volunteer experiences. _____

Any comments you wish to share? _____

Agreement

I understand by signing this application I must take personal responsibility and act in a professional and respectful manner at all times. Should I obtain a position within the University I understand that the organization is relying on me to report to work each week, as scheduled.

I authorize that my previous employers may be contacted for references by representatives of Southern New Hampshire University.

I certify that all information given in this application be true and complete to the best of my knowledge. I understand that in the event of employment, should information communicated to Southern New Hampshire University be false or misleading I may be terminated.

Student Signature

Date

Office use only:

Comments: _____

Contacted: _____

Signature of Reviewer: _____ Date: _____

Position Applied for: _____ Interviewed: YES ___ NO ___ Interview Date: _____