

Mississippi University for Women
Student Worker Application

Requested Department: _____ Apply to All _____

Date: _____ Which session are you requesting employment? (Circle all that apply)
Fall -20___ Spring- 20 ___ Summer I -20 ___ Summer II - 20___

Name _____ Student ID# _____ - _____ - _____

(Local Address) (City) (State) (Zip)

Local Phone: _____ Cell Phone: _____ Email Address: _____

Classification: FR SO JR SR GRAD (circle one) Major: _____

Job Skills (BE SPECIFIC, i.e. certifications, computer software you can use, etc.) Resume can be attached.

List all clubs and organizations in which you are currently involved:

List Prior Work Experience:

Name of Employer: _____

Supervisor: _____

Position Held: _____

Start Date: _____ End Date: _____

Reason for Leaving _____

Job Responsibilities: _____

Name of Employer: _____

Supervisor: _____

Position Held: _____

Start Date: _____ End Date: _____

Reason for Leaving _____

Job Responsibilities: _____

Name of Employer: _____

Supervisor: _____

Position Held: _____

Start Date: _____ End Date: _____

Reason for Leaving _____

Job Responsibilities: _____

Days and Hours Available to Work:

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | WEEKEND |
|--------|---------|-----------|----------|--------|---------|
| | | | | | |
| | | | | | |

Yes / No

Receiving Financial Aid

| | |
|--|--|
| | |
| | |
| | |

Federal Work Study

Are you an U.S. Citizen?

Semester: Fall Spring Summer

#of Hours Enrolled _____

Current GPA _____

If No, can you submit proof of your legal right to work in the U.S. if you are offered employment? ____ Yes ____ No

(Proof of citizenship or immigration status will be required upon offer of employment.)

Award amount for federal work study _____

Anticipated graduation date: _____

Are you currently employed elsewhere on campus? _____ **If yes, where?** _____

Do you live on campus? Yes / No