



University Center Employment Application

Name: _____

SSN# _____ - _____ - _____ Email: _____

Local Phone: () _____ Permanant Phone: () _____

Local Address: _____

Permanant Address: _____

Major: _____ Expected Graduation Date: _____

Are you currently enrolled? _____ Units: _____ GPA: _____

Are you eligible for work study? _____

Have you been employed at UCSB? _____ If yes, when and where? _____

Are you currently employed at UCSB? _____ If yes, what department? _____

Have you filled out an application here before? _____ If yes, give date: _____

Are you prevented from lawfully becoming employed? _____

(All employees must present proof of citizenship or immigration status upon employment.)

What date would you be available to begin work? _____

How many hours are you interested in working each week? _____

Are you willing to work weekends? _____

Are you available to work over school breaks? _____

Please refer to the job description as to the general areas of responsibility for this position and then answer the following questions.

1. Which skills, mentioned in the job description, do you possess? _____

2. List any relevant experience or skills and qualifications that you can contribute to this position. _____

3. Why are you interested in this position? _____

4. List any additional relevant information. _____

Employment Experience: *(List current or most recent employment first)*

1. Employer: _____ Phone: () _____
Address: _____
Employed from: _____ to _____ Job Title: _____
Worked Performed: _____
Supervisor: _____ Reason for leaving: _____
Hourly Rate: Starting \$ _____ Final \$ _____ May we contact? _____

2. Employer: _____ Phone: () _____
Address: _____
Employed from: _____ to _____ Job Title: _____
Worked Performed: _____
Supervisor: _____ Reason for leaving: _____
Hourly Rate: Starting \$ _____ Final \$ _____ May we contact? _____

3. Employer: _____ Phone: () _____
Address: _____
Employed from: _____ to _____ Job Title: _____
Worked Performed: _____
Supervisor: _____ Reason for leaving: _____
Hourly Rate: Starting \$ _____ Final \$ _____ May we contact? _____

Weekly Schedule

Name: _____

Quarter: _____ Date: _____ Desired hours per week: _____

Please cross out any times you will be in class

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
5:00 am							
6:00 am							
7:00 am							
8:00 am							
9:00 am							
10:00 am							
11:00 am							
12:00 pm							
1:00 pm							
2:00 pm							
3:00 pm							
4:00 pm							
5:00 pm							
6:00 pm							
7:00 pm							
8:00 pm							
9:00 pm							
10:00 pm							
11:00 pm							