



OHIO
UNIVERSITY
Lancaster

**STUDENT HOURLY
EMPLOYMENT APPLICATION**

PERSONAL INFORMATION

NAME _____ DATE _____
 ADDRESS _____
 CITY _____ STATE _____
 ZIP CODE _____ PHONE _____
 PID NUMBER _____ MAJOR _____

AREAS OF INTEREST

(check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> ACCOUNTING | <input type="checkbox"/> LIBRARY |
| <input type="checkbox"/> ASSOCIATE DEAN'S OFFICE | <input type="checkbox"/> MARKETING/COMMUNICATIONS |
| <input type="checkbox"/> BOBCAT BISTRO | <input type="checkbox"/> PHYSICAL PLANT |
| <input type="checkbox"/> CLASSROOM SUPPORT/OULN | <input type="checkbox"/> STUDENT SERVICES |
| <input type="checkbox"/> DEAN'S OFFICE | <input type="checkbox"/> TESTING CENTER |
| <input type="checkbox"/> GYM | <input type="checkbox"/> TUTORING CENTER |

AVAILABLE HOURS

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

JOB EXPERIENCE

(starting with most recent)

Employer, Address, and Phone Number

From

To

_____	_____
_____	_____
_____	_____

(over)

REFERENCES

Please list three references (other than relatives):

Name	Phone Number	Length of Relationship

SKILLS

Please check below the skills that you possess:

- Typing
- Phone Skills
- Customer Service
- Copying
- Faxing
- Filing
- Microsoft Office (Word, Excel, Access, PowerPoint)
- E-mail
- Internet Searches
- Other (please specify)_____

PLEASE RETURN COMPLETED FORM TO THE DEAN'S OFFICE.

THANK YOU!