



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"/> Bistro | <input type="checkbox"/> Student Services |
| <input type="checkbox"/> OULN / Classroom Support | <input type="checkbox"/> Testing Center |
| <input type="checkbox"/> Dean's Office | <input type="checkbox"/> Tutoring Center |
| <input type="checkbox"/> Gym / Athletics | |

AVAILABLE HOURS

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

JOB EXPERIENCE

(starting with most recent)

Employer, Address, and Phone Number

From

To

_____	_____
_____	_____
_____	_____

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 TO THE ENROLLMENT & STUDENT
SERVICE MANAGER'S OFFICE. THANK YOU!**