



**STUDENT HOURLY  
EMPLOYMENT APPLICATION**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, ST ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ OHIO EMAIL \_\_\_\_\_

Are you currently enrolled as a student? \_\_\_\_\_ # of credit hours: \_\_\_\_\_

If not, will you be a registered student taking credits next semester: \_\_\_\_\_

PID NUMBER \_\_\_\_\_ MAJOR \_\_\_\_\_

Are you a federal work study student? \_\_\_\_\_

**AREAS OF INTEREST**

(check all that apply)

Visit <https://www.ohio.edu/lancaster/current-students/employment-opportunities> for position description

- |  |   |
|--|---|
| <input type="checkbox"/> Computer Lab/IT Help Desk                           | <input type="checkbox"/> Office Assistant – Dean’s Office, Faculty Support, Pickerington Ctr. |
| <input type="checkbox"/> Facilities – grounds; custodial                     | <input type="checkbox"/> OULN Operator (Ohio Univ. Learning Network – classroom tech support) |
| <input type="checkbox"/> Gym / Athletics                                     | <input type="checkbox"/> Student Services   |
| <input type="checkbox"/> Information Desk                                    | <input type="checkbox"/> Testing Center   |
| <input type="checkbox"/> Lab/Student Assistant – Biology, Chemistry, Physics | <input type="checkbox"/> Tutoring Center  |
| <input type="checkbox"/> Library   | <input type="checkbox"/> <i>YES I am interested in working at the Pickerington Center</i>     |
| <input type="checkbox"/> Marketing / Public Relations                        |   |

**AVAILABLE HOURS - \_\_\_\_\_ SEMESTER**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Ohio University is an equal access/equal opportunity and affirmative action employer with a strong commitment to building and maintaining a diverse workforce.

**JOB EXPERIENCE**

(starting with most recent)

Employer Name, Address, and Phone Number

From/To

_____	_____
_____	_____
_____	_____
_____	_____

**REFERENCES**

Please list three references (no relatives; if you have faculty references, please list):

Name	Phone Number	Relationship

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE ATTACH A RESUME  
IF YOU ARE A MINOR ATTACH A WORK PERMIT**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN COMPLETED FORM TO DEAN'S OFFICE**

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