

Buffalo State College Campbell Student Union Application for Employment

Date of Application:							
Position Type: (check one)		<input checked="" type="checkbox"/> WORK STUDY			<input type="checkbox"/> STUDENT ASSISTANT		
Last Name:							
First Name:							
Local Address:		Street:		City:		State and Zip Code:	
Home Address:		Street:		City:		State and Zip Code:	
Social Security #:							
Phone number:						Cell Number:	
Do you currently work on campus? (circle below)		If yes please indicate the campus department below:				Hours currently working per week:	
YES NO							
Classification: (circle)		Freshman	Sophomore	Junior	Senior	Transfer	
Please list job(s) applied for in order of preference: (see position descriptions for available jobs)							
1.		2.			3.		
Referral Source: Please tell us how you heard about possible Union employment opportunities!							
Please discuss your student leadership on campus- have you ever been a Resident Assistant, Orientation Leader, USG senator, PSA, etc?							
Class Schedule and Standing Meetings: Please list class and meeting times under appropriate days below and indicate work availability.							
Circle Semester of Schedule:		FALL		SPRING		SUMMER	
Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Cumulative GPA:		
Work History: (include volunteer experience)		
Current or last employer:	Address:	
Job title:	Supervisor's Name:	Telephone #:
No. people you supervised:	Starting Salary:	Ending Salary:
Reason for leaving:	May we contact?	Date separated (mo. year)
Please list major duties in order of importance to position:		
Work History: (include volunteer experience)		
Employer:	Address:	
Job title:	Supervisor's Name:	Telephone #:
No. people you supervised:	Starting Salary:	Ending Salary:
Reason for leaving:	May we contact?	Date separated (mo. year)
Please list major duties in order of importance to position:		
References: (please select a former employer and/or faculty or staff member)		
Name:	Name:	
Address:	Address:	
Phone:	Phone:	
THIS APPLICATION WILL EXPIRE! In an effort to maintain a current applicant pool, this application will remain active for a single semester UNLESS you update your application by providing a new class schedule and other additional work.		
I certify that I have given true, accurate and complete information on this form to the best of my knowledge. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed.		
_____ Signature of applicant (unsigned apps. will not be processed)		_____ Date
PLEASE RETURN ALL COMPLETED APPLICATIONS TO CSU INFORMATION CENTER		