

University of West Florida  
Human Resources  
**Application for Student Employment**

NAME: \_\_\_\_\_  
Last First MI Maiden

Present Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

How many hours a week can you work? \_\_\_\_\_

Days/hours available to work:

Monday \_\_\_\_\_ Thursday \_\_\_\_\_

Tuesday \_\_\_\_\_ Friday \_\_\_\_\_

Wednesday \_\_\_\_\_

Date available for work? \_\_\_\_\_

**Education:**

Type of School:	Name of School	Number of Years Completed	Major/Degree
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High School:	_____	_____	_____
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	_____	_____	_____
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College:	_____	_____	_____
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	_____	_____	_____
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	_____	_____	_____
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**Work Experience** (begin with your most recent job held)

1) Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

List duties performed, skills used or learned, etc.

**Work Experience** (continued).

2) Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact employer?  Yes  No

List duties performed, skills used or learned, etc.

3) Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact employer?  Yes  No

List duties performed, skills used or learned, etc.

**Work Experience** (continued).

4) Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact employer?  Yes  No

List duties performed, skills used or learned, etc.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_