

ANGELO STATE UNIVERSITY
Residence Life Office Student Assistant Application

* (red) indicates required field.

*Name: _____ *SSN/CID _____
 First MI. Last

How may we contact you regarding your application?

*Phone: _____ Cell phone? : _____

*Address: _____ *City: _____

*State: _____ *Zip _____ Email?: _____

***AVAILABILITY:** Please indicate hours you *anticipate* being available to work. (Pending class schedule each semester / summer.)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00am					
9:00am					
10:00am					
11:00am					
Noon					
1:00pm					
2:00pm					
3:00pm					
4:00pm					
5:00pm					

***PAST EMPLOYMENT:**(Begin with most recent.) ***May we contact current/past employers?** Y N

Employer:	Position:	Duties & Responsibilities:
Supervisor:		
Address/phone #:	Dates of Employment:	
Employer:	Position:	Duties & Responsibilities:
Supervisor:		
Address/phone #:	Dates of Employment:	

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Supervisor:		
Address/phone #:	Dates of Employment:	

***EXPERIENCE / QUALIFICATIONS:** Please describe for us your experience and/or qualifications for this position. (Technical skills, previous similar employment, accomplishments, personal characteristics, etc.)

- I certify that the information I have provided is true and accurate and I give my permission to verify it. (check box before they are allowed to submit application?)
- Check to verify all required fields are completed before application can be submitted?

Submit Application. (button)