



1225 State St., Bowling Green, KY 42101

Phone: 270.781.4882
 Fax: 270.781.7323
 Web address: www.warrenol.org

STUDENT EMPLOYMENT APPLICATION

(Note: Applications will remain active for one semester)

PERSONAL INFORMATION

Last Name	First Name	M.I.	Student ID:	Date:
Name of School:			Student Status: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore	
Major(s) & Expected Graduation Date:			<input type="checkbox"/> Junior <input type="checkbox"/> Senior	
			<input type="checkbox"/> Graduate	
			E-mail Address:	

Home Address			Campus / Local Address		
Street			Street		
City	State	Zip Code	City	State	Zip Code
Phone ()			Phone ()		

EMPLOYMENT INFORMATION

Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a criminal offense (felony or misdemeanor)? <i>(If yes, state nature of crime(s), date and location of conviction and disposition of case)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you applied for a work-study program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you approved for a work-study program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Which position(s) are you applying for?	How many hours per week are you available for work?

Please indicate the hours that you are available for work each day. PLEASE ATTACH A COPY OF YOUR CLASS SCHEDULE						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

An Equal Opportunity Employer

SPECIAL JOB SKILLS

	Please describe.
<input type="checkbox"/> Typing	
<input type="checkbox"/> Software	
<input type="checkbox"/> Languages	
<input type="checkbox"/> Other	

WORK RELATED EXPERIENCE / VOLUNTEER WORK

Employer Information	Job Title and Responsibilities	Dates Employed
Company Name:		From: _____ To: _____
Supervisor:		Number of hours per week:
Phone:		May we contact this employer?
Address:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving:		

Employer Name and Address	Job Title and Responsibilities	Dates Employed
Company Name:		From: _____ To: _____
Supervisor:		Number of hours per week:
Phone:		May we contact this employer?
Address:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving:		

Employer Name and Address	Job Title and Responsibilities	Dates Employed
Company Name:		From: _____ To: _____
Supervisor:		Number of hours per week:
Phone:		May we contact this employer?
Address:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving:		

REFERENCES

Please list three references with contact information. Please do not list relatives.

Name: _____ Phone: _____

Address: _____

Relationship: _____

Name: _____ Phone: _____

Address: _____

Relationship: _____

Name: _____ Phone: _____

Address: _____

Relationship: _____

Signature (Please read carefully)

The information provided in this Application for Employment is true, correct, and complete to the best of my knowledge. If employed, I understand that any false or misleading information given in my application or interview(s) may result in my dismissal. I understand information concerning my employment history, education background and/or criminal record may be verified. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

Signature

Date