

Technology Services



Student Employment Application

Personal Information		4	cademic Information
Full Name:			Academic Major:
FSU E-mail:			Student Type: Full-time (3+) O Part-time (1-2) O
Student ID #:			Expected Graduation Date:
Phone Number:			What is your class standing?
Campus Address: (if Applicable)		G	General Information
			Are you eligible to work in the U.S.?
Permanent Address:			Do you have a valid driver's license?
			What languages can you speak, read, or write?
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Work Availability

Please mark the boxes that correspond to your work availability for the current semester.

Time	Sun	Mon	Tue	Wed	Thu	Fri	Sat
8am - 9am	Closed						Closed
9am - 10am	Closed						
10am - 11am	Closed						
11am - 12pm	Closed						
12pm - 1pm							
1pm - 2pm							
2pm - 3pm							
3pm - 4pm							
4pm - 5pm							
5pm - 6pm						Closed	Closed
6pm - 7pm						Closed	Closed
7pm - 8pm						Closed	Closed
8pm - 9pm						Closed	Closed
9pm - 10pm						Closed	Closed
10pm - 11pm						Closed	Closed
11pm - 12am						Closed	Closed
12am - 1am						Closed	Closed

Scheduling Notes

- Student staff may work a maximum of 30 hours per week.
- Staff must be able to work a minimum of 12 hours per week.
- Shifts must be at least 2 hours in length.
- Mandatory breaks are scheduled for shifts longer than 6 hours.

How many hours are you willing to work per week?

When are you available to start work?

Employment History

List your work history in chronological order with the most recent job first.

Employer 1			
Employer:]	
Work Address:		Describe Duties:	
l			
Dates Employed:	to]	
Employer 2			
Employer:]	
Work Address:		Describe Duties:	
Dates Employed:	to]	
Please provide any add	ditional relevant skills or qualification	ons. (Optional	l)
Date:	Signature:		
	You are encouraged to attach	a resume wit	th this application.