

Date: _____

University of Wisconsin-Fox Valley Student Employment Application

RETURN COMPLETED APPLICATION TO CAMPUS SERVICE OR SOLUTION CENTER

Name _____ Phone # _____

Address _____ E-mail _____

City/State _____ Zip Code _____

During which semester(s) do you want to work?

Academic Year Fall Semester Only Spring Semester Only Summer

In what type of work are you most interested? _____

Number of hours per week you are willing to work: _____

Will you be receiving Work Study/Financial Aid? Yes No

Course of study/major _____ Number of credits enrolled this semester _____

Has a specific person asked you to work for her or him? If so, who?

Name _____ Department _____

Have you previously worked for UWFox? Yes No; If yes, when? _____

For whom? _____ Department _____

Availability – Block out the times you cannot work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:00 am							
9:00 am							
10:00 am							
11:00 am							
12:00 pm							
1:00 pm							
2:00 pm							
3:00 pm							
4:00 pm							
5:00 pm							
6:00 pm							
7:00 pm							
8:00 pm							
9:00 pm							

Job Skills – From training and/or experience:

Job Reference

Previous Employer _____

Address _____ Phone # _____

Period of Employment _____

Direct Supervisor _____

Job Duties _____

Personal Reference

Name _____

Address _____ Phone # _____

Relationship _____

Length of Relationship _____

Administrative Use Only
Doesn't have work study
Was offered work study
Has accepted work study
Work study award amount

For more information about student employment visit the campus web site:
<http://uwfox.uwc.edu/admissions/paying/student-employment>