

FOR OFFICE USE ONLY:

Date Received:

PARKSIDE STUDENT EMPLOYMENT APPLICATION

Please complete all entries and attach a copy of your class schedule for the semester you are applying for work. Return to Residence Life office, Ranger Hall room 36. Applications will be considered for 2 semesters. Thank you.

Residence Life Position(s) applying for (check the boxes below).

The minimum required cumulative GPA is 2.25 unless otherwise noted. I confirm that at the end of this semester I will meet this 2.25 minimum requirement. Furthermore, I understand that if hired, upon the grade check, if I do not meet this requirement, I can be dismissed or put on a probationary status. _____ (initials here)

- | | |
|--|--|
| <input type="checkbox"/> ___ Student Custodian | <input type="checkbox"/> ___ |
| <input type="checkbox"/> ___ Summer Maintenance Student Worker | <input type="checkbox"/> ___ Office Assistant: Residence Life-Mail Desks |
| <input type="checkbox"/> ___ Summer Conference Assistant | <input type="checkbox"/> ___ Other _____ |
| <input type="checkbox"/> ___ Office Assistant: Residence Life Office | |

UW-Parkside students, both work-study and non-work-study classifications are eligible for these positions.

* You may review the position descriptions at Ranger Trak or online at www.uwp.edu

Semester applying for: Fall ___ Spring ___ Summer ___
(Mark all that apply)

Last Name: _____ First, MI: _____

If living on campus

- Ranger Hall
- University Apartments Room/Apt # _____ Phone # _____
- Pike River Suites

Home Address: _____ Apt # _____ Phone # _____

City: _____ State: _____ Zip: _____

Student ID Number: _____

Fax Number: _____ E-mail Address: _____

All communication will be sent to UW-P email addresses ONLY.

School Status: The dark sections of this box will be completed by an authorized member of UWP staff.

<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior	<input type="checkbox"/> Grad	<input type="checkbox"/> Other
Major:			Anticipated Semester/Year of Graduation		
Last Semester GPA:		Cumulative GPA:		Verified on:	
Number of credit hours for the semester applying for:					

Employment and Volunteer Experiences: This would be my first paid work experience.

Employer:	Type of work:	
Supervisor:	Phone:	Dates:
Employer:	Type of work:	
Supervisor:	Phone:	Dates:
Employer:	Type of work:	
Supervisor:	Phone:	Dates:

Personal References

Name:	
Relationship to applicant:	Telephone:

****May we conduct a personal background check including contact of your previous employers and review other records as may be required for some positions?** Yes No, please explain below.

Signature: _____ Date: _____

Please check off specific skills that you possess and indicate years of experience:

<input type="checkbox"/> Multi-line Telephone (yrs:____)	<input type="checkbox"/> Macintosh (yrs:____)	<input type="checkbox"/> MS Office (yrs:____)
<input type="checkbox"/> Scanners (yrs:____)	<input type="checkbox"/> Typing (yrs:____)	<input type="checkbox"/> Copier (yrs:____)
<input type="checkbox"/> Filing (yrs:____)		<input type="checkbox"/> Laminating Machine (yrs:____)
<input type="checkbox"/> Specialty Cash Register (yrs:____)	<input type="checkbox"/> Standard Cash Register (yrs:____)	
<input type="checkbox"/> Stage Lighting System (yrs:____)	<input type="checkbox"/> Sound System (yrs:____)	<input type="checkbox"/> Microphones (yrs:____)
Do you require any special accommodations? <input type="checkbox"/> Yes please explain <input type="checkbox"/> no		

- ✓ Attach a copy of your course schedule for the semester you are applying.
- ✓ Write down the approximate number of hours you would like to work: _____ hours each week.
- ✓ If you have another position on campus, please indicate the position(s) and the total numbers of hours you currently work.

Position(s): _____ Total hours per week: _____

- ✓ Tell us when you can work. Shifts for some positions can range from 7AM start to 9PM.

- ✓ Semester _____

Mon.	Tue.	Wed.	Thurs.	Fri.	Sat.	Sun.

Emergency Contact:

Name: _____

Relationship: _____ Phone Number: _____

I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I certify that all the information on this application is true and correct in every aspect.

Signature: _____ Date: _____

The University of Wisconsin-Parkside is an equal opportunity employer functioning under an Affirmative Action Program. UW-Parkside has a strong commitment to racial, cultural and ethnic diversity among its faculty, staff and students and actively seeks and encourages applications from men and women of all races and ethnic backgrounds.

**Return Application to: Residence Life Office, Ranger Hall room 36.
4135 University Drive, Kenosha, WI 531445297 ; email Jacobs@uwp.edu fax 262-595-2057**

Thank You for Considering Us for Your Future Employment

OFFICE USE ONLY

Application Sent to:	Date/Notes:	Hire Date and Position:
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