

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:

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**Job Reference**

Previous Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Period of Employment \_\_\_\_\_

Direct Supervisor \_\_\_\_\_

Job Duties \_\_\_\_\_

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**Personal Reference**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship \_\_\_\_\_

Length of Relationship \_\_\_\_\_

<b>Administrative Use Only</b>
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>