

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 _____

SUBMIT

Administrative Use Only	
<input type="checkbox"/>	Doesn't have work study
<input type="checkbox"/>	Was offered work study
<input type="checkbox"/>	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>