

## Job Application for Student Staff

#### INSTRUCTIONS

Each question should be fully and accurately answered. Use a blank paper if you do not have enough room on this form. Please print or type. Please attach a current resume and a potential available <u>work schedule</u>. Return to the contact person or supervisor of the position you're applying for.

APPLICANT INFORMATION						
Last Name		First		M.I.	Date	
Street Address				Apartment/L	Jnit #	
City		State		ZIP		
Phone		E-mail Address				
		Student ID Number (DO NOT LIST SSN)				
Position Applied for						
Are you an undergraduate student?	YES 🗌 N	0	Are you a Colorado resident?		YES 🗌	NO 🗌
Do you have a work-study award?	YES 🗌 N	0				

#### EDUCATION

Major	Projected Graduation Date		
Emphasis	Year in school	Freshman 🗌 Sophomore 🗋 Junior 🗋 Senior 🗋 Graduate 🗋	

# SPECIAL SKILLS AND INTERESTS

Please check area(s) of experience:		
Data Bases (specify):	Typing: YES 🗌 NO 🗌 🛛 W	ords per minute:
Spreadsheets (specify):	Customer Service:	YES 🗌 NO 🗌
Word Processing (specify):	Telephone/Switchboard Experience:	YES 🗌 NO 🗌
List any particular skills and/or interests related to this position:	General Labor:	YES NO
	10Key Data Entry (sight or touch?):	YES 🗌 NO 🗌
	Filing:	YES 🗌 NO 🗌

## WORK RELATED HISTORY

#### ARE YOU CURRENTLY WORKING FOR ANOTHER CU EMPLOYER? YES 🗌 NO 🗌

#### If yes, department name: \_\_

All employees are required to self-disclose if they are currently working for or subsequently begin working for more than one CU department. This includes working for an agency contracted under the off-campus work-study program.

Employer:				
Address:				
Name of Supervisor:		Phone (	(	)
Employment Period: From	То			
Title and Responsibilities:				
Reason for Leaving:				
Employer:				
Employer: Address:				
		Phone (	<u></u>	)
Address: Name of Supervisor: Employment Period: From	То	Phone (	(	)
Address: Name of Supervisor:	То	Phone (		)
Address: Name of Supervisor: Employment Period: From	То	Phone (	<u></u>	)
Address: Name of Supervisor: Employment Period: From	То	Phone (		)
Address: Name of Supervisor: Employment Period: From	То	Phone (		)
Address: Name of Supervisor: Employment Period: From	То	Phone (	<u></u>	)

Employer:				
Address:				
Name of Supervisor:		Phone ( )		
Name of Supervisor: Employment Period: From	То			
Title and Responsibilities:				
Reason for Leaving:				

## CONDUCT

Are you w	willing to submit to	a background	check if one	is required for	the position	you're applying for?	YES 🗌	NO

Please note that all employees are required to self-disclose post-employment criminal convictions or felony charges filed against them within three business days of the conviction or felony charge to the Human Resources Background Check Coordinator (<u>hr-bgc@colorado.edu</u>). Employees with driving responsibilities are also required to self-disclose suspension or revocation of a driver's license within three business days. Employees failing to self-disclose may be subject to disciplinary action, up to and including termination. Your signature on this application represents your agreement to comply with this self-disclosure requirement.

REFERENCES				
Please list two professional references.				
Full Name	Relationship			
Company	Phone ()			
Address				
Full Name	Relationship			
Company	Phone ( )			
Address				
AFFIDAVIT				
I certify that the answers and statements provided on this application are true and correct without consequential omissions of any kind.				
Signature	Date			

The University of Colorado does not discriminate on the basis of sex in the education programs or activities it operates or in employment. Inquiries to the University of Colorado concerning the application of Title IX and its implementing regulation may be referred to the campus Title IX coordinator at <a href="http://hr.colorado.edu/dh/Pages/default.aspx">http://hr.colorado.edu/dh/Pages/default.aspx</a> or to Office of Civil Rights (OCR) at: <a href="http://www2.ed.gov/about/offices/list/ocr/index.html">http://www2.ed.gov/about/offices/list/ocr/index.html</a>.