

STUDENT EMPLOYMENT APPLICATION

NAME	Last	First	MI	SS Number
PERM. ADDRSS.	Number	Street	Apt	Telephone#/ Cell#
	City	State	Zip Code	Email
DORM ADDRSS.	Number	Hall	Rm.#	Dorm Phone #

Do you have a Federal Work Study Grant? Yes No

Grant Amount: \$ **Semester/Date Available to work:**

Are you 18 years or over? Yes No If "no", what is your date of birth?

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If 'yes', please state date(s), nature of crime, and circumstances:

(A conviction record will not necessarily bar employment)

Which School/College are you enrolled in? College of Professional Studies St. John's College

Tobin College of Business College of Pharmacy and Allied Health Professions School of Education

School of Law

Check appropriate box: Freshman Sophomore Junior Senior Graduate Student Transfer

Have you ever been employed as a student worker at St. John's University? Yes No

If "yes", complete the following:

Dept.: Supervisor: Tel. #:

Dates of Employment: Job Duties:

Reason for leaving:

Which semester break are you available to work? Summer Winter Spring

SKILLS INFORMATION

Computer Software Skills (i.e. Microsoft Word):

Office Skills (Please check appropriate box):

Typing wpm Filing Telephone Data Entry

Certifications: CPR expiration date Swimming Fitness Other

Foreign Languages: Speak Read Write

Speak Read Write

Instructions:

1. PLACE A “C” IN THE SPACE WHERE YOU ARE SCHEDULED FOR CLASSES
2. PLACE AN “X” IN THE SPACE WHERE YOU UNABLE TO WORK (i.e. sports, study hours, activities)

	Mon.	Wed.	Fri.		Tues.	Thurs.	Sat.
7:00 am – 9 am				7 am - 9:05 am			
9:00 am - 10:05 am				9:05 am - 10:40 am			
10:05 am - 11:05 am				10:40 am - 12:10 pm			
11:05 am - 12:15 pm				12:10 pm - 1:30 pm			
12:15 pm - 1:20 pm				1:30 pm - 3:00 pm			
1:20 pm - 2:20 pm				3:00 pm - 4:35 pm			
2:20 pm - 3:30 pm				4:35 pm - 6:10 pm			
3:30 pm - 5:30 pm				6:10 pm - 8:20 pm			
5:30 pm - 7:00 pm				8:20 pm - 11:00 pm			
7:00 pm - 11:00 pm							

PLEASE READ CAREFULLY BEFORE SIGNING

- I understand and agree that neither this application nor any written or oral communication by a St. John’s University representative shall constitute an employment contract.
- I understand that my employment is “at will” and can be terminated by St. John’s University or by my resignation at any time and for any reason.
- I hereby declare that my answers to the above questions are complete and true, and I understand that any false or incomplete statements are sufficient cause for dismissal.

Print Name

Signature of Applicant

Date

St. John’s University is an equal opportunity employer.

Consistent with its mission as a Catholic, Vincentian and metropolitan institution of higher education, St. John’s University abides by all applicable federal, state and local laws, which prohibit discrimination on the basis of race, religion, color, national or ethnic origin, age, sex (including sexual harassment), sexual orientation, marital status, disability, citizenship, genetic predisposition, carrier status or any other characteristics prohibited by law in any employment program, policy, or practice.¹