APPLICATION FOR STUDENT EMPLOYMENT

IN FRONT OFFICE OF DEPARTMENT OF COMPUTER SCIENCE
TEXAS STATE UNIVERSITY

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<tr>
<th>Today’s Date:</th>
<th>Preferred Start Date:</th>
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Please check the type of employment you are seeking:

- [ ] Regular Wage
- [ ] College Work-Study*  
  *(Attach copy of award from Financial Aid)*
  
  Amount of Work-Study Award $ _________  
  Amount per semester _________
  
  Awarded for:  ____ Fall  ____ Spring  ____ Summer I  ____ Summer II

NAME: ___________________________________________  DOB: ____________

Last  First

University ID# ____________________________  CITIZENSHIP: US _____ INTERNATIONAL _____

CONTACT PHONE: ____________________________  TX STATE NET ID: _________________________

LOCAL ADDRESS: ___________________________________________  

City, State, Zip Code

Have you ever worked at Texas State University? ________  If yes, when? ________________________  
What department? ________________________

Are you willing to work between semesters? ( ) Yes ( ) No
Are you receiving an athletic scholarship? ( ) Yes ( ) No

Qualifications/Skills: ( ) Cash Handling ( ) 10 Key ( ) Fax Machine ( ) Customer Service ( ) Typing
( ) Copier ( ) PC or Macintosh ( ) Multi-Line Phone
( ) Other: __________________________________________________

Software Skills  ( ) Word ( ) Excel ( ) Access ( ) Outlook ( ) Publisher ( ) Illustrator
( ) InDesign ( ) Photoshop
( ) Other: __________________________________________________

REFERENCES

Current/Previous Employer: ___________________________  Phone: ___________________________  

Supervisor’s Name: ___________________________  Supervisor’s Position: ___________________________

Your job duties: ___________________________________________  

May we contact this reference (circle)?   Yes  No
APPLICATION FOR STUDENT EMPLOYMENT

HOURS AVAILABLE TO WORK

SEMESTER/YR ______________ Anticipated HRS/WK (must be 25 hrs or less): ___

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<th>Monday</th>
<th>Tuesday</th>
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LIST TIME FRAMES YOU ARE AVAILABLE TO WORK (EX: 8-12)

PREVIOUS WORK EXPERIENCE BOTH ON AND OFF-CAMPUS

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<th>Date Began</th>
<th>Date Ending</th>
<th>JOB TITLE</th>
<th>NAME OF EMPLOYER &amp; PHONE NUMBER</th>
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MAJOR: ___________________________ Overall TXST* GPA: __________
Anticipated graduation date? _______
(*If exists; otherwise use TBD if you are an incoming student)

___ FRESHMAN ___ SOPHOMORE ___ JUNIOR ___ SENIOR ___ GRAD STUDENT

Please list any extracurricular activities you will be involved in and any conflicts that may affect your work schedule, besides your class schedule. Be specific, list days and times you will not be available.

____________________________________________________________________

Attached class schedule (circle)? Yes No

Signature of Applicant: ______________________________

Date of Application: ______________________________