IOWA STATE UNIVERSITY

Facilities Planning and Management

Student Employment Application

			P	Applicant	t Informa	ition					
Name:						Date:					
Phone:	First			Last	E	Email: _					
Mailing Ad	ldress:										
•	rrently an ISL Year:			☐ If	yes, Deg						
Are you eli	gible for work	study?	YES N	NO							
YES NO Are you a U.S. Citizen?									YES N	0	
Do you hav	ve a valid Driv	/er's Licer		ES NO						YES N	0
Have you e	ever applied a	and been	denied p	ermissior	n to drive	for autho	orized Un	iversity p	ourposes		Ĭ
•	ever worked artment and			•							
	PLEASI	E FILL OU					BACK OF	THIS SH	IEET		
	ve relatives thase specify:						nent?	ES NO)] 		
Are you al	ole to work 40) hrs per \	week Mo	nday thro	ough Frid	ay during	the sum	ımer mor	nths?	YES N	
Are you al	ole to work up	to 20 hrs	s per wee	ek Monda	ay througl	h Friday (during the	e school	year?	YES N	0
Approxima	ately how mai	ny hours p	oer week	can you	work (Mo	onday thr	ough Fri	day)?			
	Mar 7-8a	rk an X Thr 8-9a	ough any	time period	ds that you	would be	available	to work:	3-4p	4-5p	1
Mondov	7-0a	0-9a	9-10a	10-11a	11-12р	12-1β	1-2p	2-sp	3-4p	4-5p	
Monday											
Tuesday											
Wednes	day										
Thursda	у										
Friday											

Previous Employment (List most current first) Use additional sheets if necessary. Employer: ______Dates Employed: _____ Employer Address: Phone Contact Name: Number: **Duties:** 2. Employer: _____ Dates Employed: _____ Employer Address: Phone Contact Name: Number: ____ **Duties:** 3. Employer: _____ Dates Employed: _____ Employer Address: Phone Contact Name: Number: **Duties:** List any special experience or skills you possess: Position(s) applying for: Print Name:

Please submit completed applications to <u>fpmstudenthiring@iastate.edu</u>. Your application will be kept on file and reviewed for employment at FP&M. If you application is chosen, you will be notified by phone or email when interviews begin.

Signature:

Date: