

Occidental College

Application for On-Campus Student Employment

(Please complete and submit this form to the department you wish to be employed)

Position Applying for: _____ Date available to start: _____

Full Name: _____ Employee ID #: AO

Local Phone: _____ Email: _____

Current Class Standing: _____ Freshman _____ Sophomore _____ Junior _____ Senior

Enrollment Status: _____ Full-time _____ Part-time

Work Award? YES NO
(not applicable in Summer)

Check here if you are an International Student

HOURS OF AVAILABILITY:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
A.M.							
P.M.							

How many hours per week do you wish to work? (Max. 10 hrs./week during the academic semester): _____

Are you available for: (Check all that apply): _____ Fall _____ Winter Break _____ Spring _____ Spring Break _____ Summer

Are you a U.S. Citizen? _____ Yes _____ No If no, are you authorized to work in the U.S.? _____ Yes _____ No

PLEASE NOTE: Original forms of identification will be required to prove your identity and eligibility to work in the U.S.

Special Skills/Experience:

- _____ Typing w.p.m _____ (proficiency: modest _____ substantial _____)
- _____ IBM PC (proficiency: modest _____ substantial _____)
- _____ Mac PC (proficiency: modest _____ substantial _____)
- _____ Computer Programming (Languages: _____)
- _____ Word Processing (MS Word _____ Other _____)
- _____ Spreadsheet (MS Excel _____ Other _____)
- _____ Database (MS Access _____ Other _____)
- _____ Audio-visual equipment (Types: _____)
- _____ Writing (Type: i.e., creative, technical _____)
- _____ Fluency in second language (name of language: _____)
- _____ Other _____

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Please list relevant paid or volunteer work experience:

1. Employer/Department: _____	Position: _____
Address: _____	Phone: (_____) _____ - _____
Supervisor: _____	Dates of Employment: _____
2. Employer/Department: _____	Position: _____
Address: _____	Phone: (_____) _____ - _____
Supervisor: _____	Dates of Employment: _____
3. Employer/Department: _____	Position: _____
Address: _____	Phone: (_____) _____ - _____
Supervisor: _____	Dates of Employment: _____

References:

1. _____	_____	_____	_____	_____	_____
Last	First	MI	Phone	Relationship	
2. _____	_____	_____	_____	_____	_____
Last	First	MI	Phone	Relationship	
3. _____	_____	_____	_____	_____	_____
Last	First	MI	Phone	Relationship	

I authorize you to contact my former employer(s) and/or references: _____ Yes _____ No

Signature of Applicant Date

We will consider for employment all qualified applicants, including those with criminal histories, in a manner consistent with the requirements of applicable state and local laws, including the city of Los Angeles' Fair Chance Initiative for Hiring Ordinance.