



# STUDENT EMPLOYMENT APPLICATION

CAMPUS BOOKSTORE  
880 OTAY LAKES ROAD

EMAIL: \_\_\_\_\_

CELL: ( ) - \_\_\_\_\_

NAME \_\_\_\_\_  
LAST, FIRST & MIDDLE

SWC ID: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET, CITY, STATE & ZIP

SPRING 2020 HOURS STARTING 1/29/20

ENROLLED IN 6 UNITS NO  YES

MONDAY: \_\_\_\_\_

ENROLLED IN CURRENT SEMESTER NO  YES

TUESDAY \_\_\_\_\_

WEDNESDAY \_\_\_\_\_

START DATE: \_\_\_\_\_

THURSDAY \_\_\_\_\_

FRIDAY \_\_\_\_\_

EDUCATION	NAME OF INSTITUTION	STATE	DEGREE / DIPLOMA
HIGH SCHOOL			
COLLEGE/UNIVERSITY			

REFERENCES PLEASE GIVE NAMES AND ADDRESSES OF FORMER SUPERVISORS

NAME	COMPANY	ADDRESS	PHONE
			( ) -
			( ) -

MAY THE ABOVE BE CONTACTED FOR REFERENCE? NO  YES

EXPERIENCE

1. \_\_\_\_\_

POSITION TITLE	START/END DATES	# HRS/WEEK	FINAL SALARY
NAME OF EMPLOYER	SUPERVISOR NAME	SUP TITLE	SUP PHONE #

TYPICAL DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

2. \_\_\_\_\_

POSITION TITLE	START/END DATES	# HRS/WEEK	FINAL SALARY
NAME OF EMPLOYER	SUPERVISOR NAME	SUP TITLE	SUP PHONE #

TYPICAL DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE: