



## STUDENT EMPLOYMENT APPLICATION

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
College/Local Address: \_\_\_\_\_  
(CPO & Residence Hall/Street, City, ZIP)  
Phone: \_\_\_\_\_ Student ID Number: \_\_\_\_\_  
*Please include area code*  
Email address: \_\_\_\_\_  
Home address: \_\_\_\_\_  
Street City State ZIP  
Are you a student? \_\_\_\_\_ Wheaton College  High School  Other   
*Yes or No*

***If you are seeking permanent employment, please complete a staff application in the Human Resources Dept.***

How many hrs/week can you work? \_\_\_\_\_ Are you qualified for Federal Work Study? \_\_\_\_\_  
Position requested: \_\_\_\_\_ Department: \_\_\_\_\_  
Do you have a relative working in the same department? Yes  No  \_\_\_\_\_  
*If yes, what is relative's name?*

**Please answer the following *yes or no*:**

|   |  |   |
|---|--|---|
| Have you read Wheaton College's Statement of Faith?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |   |
| Are you able to abide by this Statement?              | Yes <input type="checkbox"/> No <input type="checkbox"/> | <i>If no, please attach an explanation.</i> |
| Have you read the Wheaton College Community Covenant? | Yes <input type="checkbox"/> No <input type="checkbox"/> |   |
| Are you willing to adhere to this Covenant?           | Yes <input type="checkbox"/> No <input type="checkbox"/> | <i>If no, please attach an explanation.</i> |

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*By typing your name above you are acknowledging that you have read and will adhere to Wheaton College's Statement of Faith & Community Covenant.*

**I can work:**

Fall: A Quad  B Quad   
Spring: A Quad  B Quad   
Summer: From \_\_\_\_\_ To \_\_\_\_\_  
*Date Date*

Have you previously worked for Wheaton College? Yes  No

If so, in what department(s) have you worked? \_\_\_\_\_

| <b>DESIRED WORK SCHEDULE (Choose hours of availability)</b> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
|   | AM                       |                          |                          |                          | PM                       |                          |                          |                          |                          |                          |                          |                          |                          |                          | Other-Specify hours      |  |
| <b>M</b>  | 8                        | 9                        | 10                       | 11                       | 12                       | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |  |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <b>T</b>  | 8                        | 9                        | 10                       | 11                       | 12                       | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |  |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <b>W</b>  | 8                        | 9                        | 10                       | 11                       | 12                       | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |  |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Th</b>   | 8                        | 9                        | 10                       | 11                       | 12                       | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |  |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <b>F</b>  | 8                        | 9                        | 10                       | 11                       | 12                       | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |  |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Sat</b>  | 8                        | 9                        | 10                       | 11                       | 12                       | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |  |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Sun</b>  | 8                        | 9                        | 10                       | 11                       | 12                       | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |  |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

**EMPLOYMENT EXPERIENCE (Start with most recent)**

|   |                               |                         |  |
|---|-------------------------------|-------------------------|--|
| Dates: _____                              |                               | Name of Employer: _____ |  |
| <i>From</i>                               | <i>To</i>                     |                         |  |
| Rate of pay                               | Supervisor's name and phone # | Reason for leaving      |  |
| Your position and responsibilities: _____ |                               |                         |  |

|   |                               |                         |  |
|---|-------------------------------|-------------------------|--|
| Dates: _____                              |                               | Name of Employer: _____ |  |
| <i>From</i>                               | <i>To</i>                     |                         |  |
| Rate of pay                               | Supervisor's name and phone # | Reason for leaving      |  |
| Your position and responsibilities: _____ |                               |                         |  |

|   |                               |                         |  |
|---|-------------------------------|-------------------------|--|
| Dates: _____                              |                               | Name of Employer: _____ |  |
| <i>From</i>                               | <i>To</i>                     |                         |  |
| Rate of pay                               | Supervisor's name and phone # | Reason for leaving      |  |
| Your position and responsibilities: _____ |                               |                         |  |

**REFERENCES: (excluding former supervisors or relatives)**

|    | <b>Name</b> | <b>Address</b> | <b>Phone</b> | <b>Relationship</b> |
|----|-------------|----------------|--------------|---------------------|
| 1. |             |                |              |                     |
| 2. |             |                |              |                     |
| 3. |             |                |              |                     |

Summarize special skills and qualifications acquired from employment or other experiences (typing, computer, lab skills, painting, carpentry, grounds work, etc.).

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

Please add below any other information that you feel would be helpful in evaluating your application.

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**EMERGENCY INFORMATION:**

Name \_\_\_\_\_ Address \_\_\_\_\_  
Work # \_\_\_\_\_ Home/Cell# \_\_\_\_\_ Relationship \_\_\_\_\_