

University Center Application
 Student Manager, Student Associate
 •Return to AMUC Room 114 or email to ktyson2@emory.edu•

Name: _____ Date: _____

Preferred name: _____ Birth Date: _____

Student ID# _____ Year in School: _____

If Senior, estimated graduation date: _____ Cumulative GPA: _____

Phone #: _____ E-mail Address: _____

Campus Address: _____

Permanent Address: _____

Do you have a valid driver's license? _____ Yes _____ No

Which position(s) are you interested in? _____

List the last three positions (including Emory jobs) you have held or presently hold:

| Position | Company | Supervisor name and number | Dates employed |
|----------|---------|----------------------------|----------------|
| | | | |
| | | | |
| | | | |

Have you been approved for Work Study through Financial Aid? _____ Yes _____ No

Reason for seeking employment at the University Center: _____

List two persons and their numbers we may contact that could serve as references for you:

| Name | Job title | Relationship | Phone | Years Known |
|------|-----------|--------------|-------|-------------|
| | | | | |
| | | | | |

What is your major, and what are your plans after graduation? _____

Please list the activities or organizations you plan to participate in this academic year: _____

Number of hours you would like to work per week: _____

----- Please complete reverse side -----

Schedule

In the following grid, please mark with an “X” the times you are definitely **UNABLE** to work. Mark with a “C” the times you have **class** and mark a “P” when you prefer to work. Leave all other available time slots open. Please note that you will be required to work weekend shifts.

| TIME | MON | TUE | WED | THU | FRI | SAT | SUN |
|--------|-----|-----|-----|-----|-----|-----|-----|
| 7-8A | | | | | | | |
| 8-9 A | | | | | | | |
| 9-10 | | | | | | | |
| 10-11 | | | | | | | |
| 11-12 | | | | | | | |
| 12-1 P | | | | | | | |
| 1-2 | | | | | | | |
| 2-3 | | | | | | | |
| 3-4 | | | | | | | |
| 4-5 | | | | | | | |
| 5-6 | | | | | | | |
| 6-7 | | | | | | | |
| 7-8 | | | | | | | |
| 8-9 | | | | | | | |
| 9-10 | | | | | | | |
| 10-11 | | | | | | | |
| 11-12 | | | | | | | |

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, and other related matters as may be necessary for an employment decision.

Signature: _____

Date: _____

For questions, contact Kayla Tyson at 7-6177 or kytson2@emory.edu.