



Application for Employment-
School of Communications

G Number _____ Date _____

Name _____
Last First Middle

Local Address _____

Home Address _____

Email Address _____ Cell Phone _____

Local Phone _____ Home Phone _____

How long have you been at Grand Valley? _____

Semesters until graduation? _____ Major _____

Do you receive financial aid? _____ If yes, work study amount _____

Are you/will you be working for any other unit on campus? _____

Are any friends/relatives employed here? If so, who? _____

Have you worked for us before? _____ If so, when? _____

Do you have any physical limitations that could require special considerations? _____

List two people to contact in case of emergency, in order of preference:

1. _____	2. _____
Name	Name
_____	_____
Street and City	Street and City
_____	_____
Phone Number and Relationship	Phone Number and Relationship

What skills do you have that you feel would be valuable to our operation? _____

List two previous employers that would provide references:

1. _____	2. _____
Name of Company	Name of Company
_____	_____
City and State	City and State
_____	_____
Dates Worked/Supervisor/Phone	Dates Worked/Supervisor/Phone

Briefly describe your job there: _____ Briefly describe your job there: _____

Class Schedule

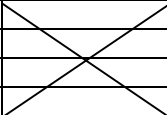
Name: _____ Semester _____

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
8:00am						
9:00						
10:00						
11:00						
12:00pm						
1:00						
2:00						
3:00						
4:00						
5:00						
6:00						
7:00						
8:00						
9:00pm						

X out the blocks of time you cannot work and note the duration of the time in the box.

ie.:

8:00am to 12:00pm

TIME	MONDAY
8:00am	
9:00	
10:00	
11:00	
12:00pm	
1:00	
2:00	
3:00	
4:00	
5:00	
6:00	
7:00	
8:00	
9:00pm	