



# EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer

**Where to Find More Information:**

- EUC General Information: <http://euc.uncg.edu>
- EUC Job Descriptions: <http://euc.uncg.edu/studentemployment/index.php>
- W-2 and I-9 forms: Career Services Center #1 EUC

**FOR OFFICE USE ONLY**

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_ Class Code \_\_\_\_\_ Status \_\_\_\_\_

**GENERAL INSTRUCTIONS**

- Type or print in ink this application in its entirety.
- Specify the position for which you are applying (no more than two).
- Submit your application to the office announcing the vacancy no later than the close of business on the announced deadline date.
- Sign your name in the Certification Section. All information you submit is subject to verification.
- Notify the department's hiring authority in advance if you require special disability accommodations to participate in the employment process.

**POSITION APPLIED FOR (Check No More Than 2):**

Facility Managers

Information Center Assistant

Special Events Technicians

---

*Have you been awarded Work Study? Y / N*

**HOW DO WE CONTACT YOU?**

Your Name \_\_\_\_\_ Today's Date \_\_\_\_\_

UNCG ID NUMBER (starts with 88 or 89) \_\_\_\_\_

Your Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

UNCG E-mail Address \_\_\_\_\_ Other E-mail Address \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State \_\_\_\_\_

**HIGH SCHOOL:**

NAME / LOCATION OF SCHOOL \_\_\_\_\_ RECEIVED: GED  Diploma & Date  \_\_\_\_\_

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: \_\_\_\_\_

**UNCG INFO: (TRANSCRIPTS / RESUMES MAY BE REQUIRED)**

Check Academic year applying for:	Check Classification:	Are you a Grad Student with an Assistantship? Y / N	Number of hours enrolled for the period applying for: _____
FALL SEMESTER <input type="checkbox"/>	Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/>	Are you a Work Study student? Y / N	Date of Graduation: _____
SPRING SEMESTER <input type="checkbox"/>	Junior <input type="checkbox"/> Senior <input type="checkbox"/>	Enrolled for semester applied:	Major: _____
SUMMER SESSION <input type="checkbox"/>	Graduate <input type="checkbox"/>	Are you a U.S. Citizen? Y / N	Minor: _____

**WORK RELATED INFORMATION:**

AVAILABILITY	Available Hours Each Week				PAST EMPLOYERS List most recent first. Include Company name, contact, and phone number.
	Days of the Week	Begin	End	Nights?	
Are you available to work nights? Y / N				Y / N	
Are you able to work weekends? Y / N				Y / N	
Are you able to work holidays? Y / N				Y / N	
Are you able to work breaks? Y / N				Y / N	
Explain any "No" answers:					

Are you able to attend the Student Staff Training Session? Y / N

**Note:** Employment is contingent upon participation. Training sessions are as much as two weeks prior to the start of classes.

**LEGAL INFORMATION:**

Have you ever been convicted of a felony? Y / N	Are you legally able to work? Y / N	List Two References Below:
Have you ever been convicted of a misdemeanor? Y / N	License revoked or suspended? Y / N	

## Work Experience

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job-related volunteer work, if applicable. Indicate number of employees supervised. **Resumes may be attached to provide additional information.**

**Name of Present or Last Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone No.:** (\_\_\_\_) \_\_\_\_\_

**Your Job Title:** \_\_\_\_\_ **Supervisor's Name:** \_\_\_\_\_

**FROM:**      /      /      **TO:**      /      /      **HOURS PER WEEK:** \_\_\_\_\_ ( \_\_\_\_\_ )  
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

**Duties and Responsibilities:** \_\_\_\_\_

---

---

---

---

---

---

---

---

**Reason For Leaving:** \_\_\_\_\_

What qualifications do you bring to the position you are applying for?

---

---

---

---

---

---

---

---

Certificates? Vocational training? Specialized coursework?

---

---

---

---

Why do you want to work for Elliott University Center?

---

---

---

---

---

---

---

---

I affirm the information on this application is true and accurate. Inaccurate information, failure to adhere to EUC policies, or attend the required training session will be grounds for termination.

Signature: \_\_\_\_\_ Date \_\_\_\_\_