Elizabethtown College
ITS & Client Services
Student Employment Application

Applicant Information

Full Name:				Date:
	Last	First	M.I.	
Address:				E-mail Address:
	Street		Apt/Unit#	
				Major/Year
	City	State	Zip Code	

Work Experience

Have you ever worked for the college?

Etown Work Experience

Dates	Position	Dept.	Supervisor

Other Work Experience

Education: Relevant Course Work and Specialized Skills

Availability

Monday:		Friday:	
Tuesday:		Saturday:	
Wednesday:		Sunday:	
Thursday:		Total Hours/Week:	
What date can you start?			

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination.

Signature:		Date:	