

# Carleton College

## Facilities Office

## Student Employment Application

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Name \_\_\_\_\_

Are you a Financial Aid Student?  Yes  No

Today's Date \_\_\_\_\_

Type of Work Desired \_\_\_\_\_

Permanent Address \_\_\_\_\_

Campus Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Permanent Phone Number \_\_\_\_\_

Campus Phone Number \_\_\_\_\_

Year of Graduation \_\_\_\_\_

Major \_\_\_\_\_

Can you accept a position immediately? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, when?	Valid Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No
	Completed Defensive Drivers Training <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you worked on campus within the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you completed your I9 form? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Previous Work Experience

Campus Department	Name of Supervisor	Duties
Off Campus Employer	Name of Supervisor	Duties

(Application continues on reverse side)

Please answer the following questions. If a question does not relate to the type of job you are applying for, check N/A. If you have specifics to add to your answers, use the "additional comments" area below.

- Are you mechanically inclined?  Yes  No  N/A
- Can you use and identify general hand tools? (e.g. screwdriver, hammer)  Yes  No  N/A
- Can you use and identify general power tools?  Yes  No  N/A
- Are you comfortable climbing a ladder without a fear of heights?  Yes  No  N/A
- Do you have any previous plumbing experience?  Yes  No  N/A
- Do you consider yourself a reliable employee?  Yes  No  N/A
- Would it be a problem for you or your clothes to get soiled/grimy while working?  Yes  No  N/A
- Do you have any painting experience?  Yes  No  N/A
- Do you have any experience with grounds or landscaping?  Yes  No  N/A
- Do you have filing experience?  Yes  No  N/A
- Do you have typing experience?  Yes  No  N/A
- Do you have experience with computers (i.e. Word, Excel, Data Entry)?  Yes  No  N/A

### On-Campus References

*(The College will refer to these references unless requested not to do so)*

Name of Supervisor	Department	Phone Number

**What skills/knowledge do you have for the position you are applying for?**

I agree that false information given on this application may be considered sufficient grounds for termination of my employment at any time hereafter.

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**