

STUDENT EMPLOYMENT APPLICATION



CAMPUS STORE
880 OTAY LAKES ROAD

EMAIL: _____

CELL: () - _____

NAME _____
LAST, FIRST & MIDDLE

SWC ID: _____

ADDRESS _____
STREET, CITY, STATE & ZIP

Fall 2021 HOURS STARTING 8/23/21

ENROLLED IN 6 UNITS NO YES

MONDAY: _____

ENROLLED IN CURRENT SEMESTER NO YES

TUESDAY _____

WEDNESDAY _____

START DATE: _____

THURSDAY _____

FRIDAY _____

EDUCATION	NAME OF INSTITUTION	STATE	DEGREE / DIPLOMA
HIGH SCHOOL			
COLLEGE/UNIVERSITY			

REFERENCES PLEASE GIVE NAMES AND ADDRESSES OF FORMER SUPERVISORS

NAME	COMPANY	ADDRESS	PHONE
			() -
			() -

MAY THE ABOVE BE CONTACTED FOR REFERENCE? NO YES

EXPERIENCE

1. _____
POSITION TITLE START/END DATES # HRS/WEEK FINAL SALARY

NAME OF EMPLOYER SUPERVISOR NAME SUP TITLE SUP PHONE #
TYPICAL DUTIES: _____
REASON FOR LEAVING: _____

2. _____
POSITION TITLE START/END DATES # HRS/WEEK FINAL SALARY

NAME OF EMPLOYER SUPERVISOR NAME SUP TITLE SUP PHONE #
TYPICAL DUTIES: _____
REASON FOR LEAVING: _____

SIGNATURE OF APPLICANT

DATE: