

California State University, Fresno 2380 E Keats Ave MB77

Phone: (559)-278-2654 Fax: (559)-278-6800

## **Application for Student Employment**

Date:	Student ID #:			
Personal Information:				
Last Name:	First Name:		M.I.:	
Street Address:				
City, State, Zip:				
Email Address:				
Cell Number:				
Major:	I	Est. Graduation Date (mon	th/ year):	
Which jobs are you interested in applying for? (Check all appropriate)				
Stage Crew	Concert Crew	Box Office	Office	
Recording	Shop	Other: (Please Spec	cify):	
How did you hear about these jobs?				
List any special training or skills that may help you in this position:				
List all jobs, extra curricular activities and commitments that may affect your schedule:				
Semester Applying for (choose one	): Fall Spr	ing Summer		
Number of units you are enrolled in d	uring the above semeste	er?		

Previous Employment History: Please start with most recent:				
1) Employer:				
Dates of Employment:	to			
Supervisors Name:		Phone Number:		
Job Title and Duties/ Responsibilitie	s:			
Reason for leaving:				
2) Employer:				
Dates of Employment:	to			
Supervisors Name:		Phone Number:		
Job Title and Duties/ Responsibilitie	s:			
Reason for leaving:				
Attach a copy of your class schedule to this application.				
The above information indicated on the application is true to my knowledge				
Signature of Applicant:		Date:		
Music Department Office Use Only:				
Hire Date:	Position:			
Pay Rate:	Supervisor Name:			
Termination Date:	Reason for Termination:			