

STUDENT EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Please print all information and complete all blanks or boxes.

(last, first, MI)

Present address:

City, state, ZIP:

Phone number

Email address:

Permanent address:

City, state, ZIP:

Phone number:

Work areas of interest:

Clerical support
Farm or mechanical
Accounting

Computer programming
Maintenance

EDUCATION				
	NAME & LOCATION OF SCHOOL			YRS ATTENDED
COLLEGE				
HIGH SCHOOL				
OTHER				
Current classification:	Fresh.	Soph.	Junior	Senior

WORK AVAILABILITY					
	MON	TUES	WED	THUR	FRI
8-9 a.m.					
9-10 a.m.					
10-11 a.m.					
11-12p.m.					
12 noon-1 p.m.					
1-2 p.m.					
2-3 p.m.					
3-4 p.m.					
4-5 p.m.					
This schedule is valid for: Fall Spr Sum Year					

Special Skills	(clerical, computer, software, mechanical, languages, etc.)

Do you plan to go to summer school? _____

Will you be available to work during the summer? _____

EXPERIENCE						
List last two places of employment beginning with your current or most recent position.						
Position title:				Supervisor's Name:		Full-time Part-time Summer Temp
Employer:				Title:		
Mailing address:				Phone number: ()		
City, state & ZIP:						
Phone number: ()				Reason for leaving:		
Starting Date	Ending Date	Ending salary:				
Mo. Yr.	Mo. Yr.	Summary of experience:				
Position title:				Supervisor's Name:		Full-time Part-time Summer Temp
Employer:				Title:		
Mailing address:				Phone number: ()		
City, state & ZIP:						
Phone number: ()				Reason for leaving:		
Starting Date	Ending Date	Ending salary:				
Mo. Yr.	Mo. Yr.	Summary of experience:				

I certify the statements made by me in this application are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statement made herein will void this application and any actions based upon it. I agree to keep this application current should any of the information change. I authorize The AgriLife Program or any of its components to make reference checks relating to my employment and I also authorize all prior employers to provide full details concerning my past employment. I understand proof of citizenship or immigration status will be required upon employment. I understand that this application and all attachments are the property of The AgriLife Program.

SIGNATURE: _____

DATE: _____

RETURN APPLICATION TO: Texas AgriLife Research and Extension Center

1102 E FM 1294, Lubbock, TX 79403

or email: lubbockresearchandextension@ag.tamu.edu