



Office of Accessibility  
Simmons Hall 105  
Akron, Ohio 44325-6213  
(330) 972-7928  
TTY (330) 972-5764  
FAX (330) 972-5422

### Student Employment Application

USE INK/PLEASE PRINT

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** ( ) \_\_\_\_\_

**Email:** \_\_\_\_\_

- Current or anticipated major: \_\_\_\_\_
- Overall GPA (or high school GPA): \_\_\_\_\_
- Year in school (circle one) :    Senior +    Senior    Junior    Sophomore    Freshman
- Semester you are applying for (circle one):    Fall        Spring        Summer

Please write down the times you are available to work on the following days for the semester you are applying for (*Office hours are Monday, 8:00a.m.-7:00p.m. and Tuesday-Friday, 8:00 a.m. – 5:00 p.m.*):

**Monday:** \_\_\_\_\_

**Thursday:** \_\_\_\_\_

**Tuesday:** \_\_\_\_\_

**Friday:** \_\_\_\_\_

**Wednesday:** \_\_\_\_\_

- Number of hours desired to work per week (max=30hrs): \_\_\_\_\_

1. What skills or abilities do you feel you can bring to this position?

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2. Do you have experience working in an office? (please circle one)    YES    NO

3. What interest do you have in working in the Office of Accessibility? In addition, please express any other information you would like us to know about yourself.

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**Previous work experience:** Please list the two most current work experiences (paid or volunteer)

Name of organization	Name of supervisor	Employment Dates From
Address		To
City, State, Zip	Job title	
Reason for leaving		
List the duties you performed and skills used or learned while you worked at this job		

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Address		To
City, State, Zip	Job title	
Reason for leaving		
List the duties you performed and skills used or learned while you worked at this job		

**Please list two references below:**

Name \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Reference phone number (\_\_\_\_) \_\_\_\_\_

Reference phone number (\_\_\_\_) \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

**How did you hear about this position:** \_\_\_\_\_