

# Application For Student Employment

Carroll College, 1601 North Benton Avenue, Helena, MT 59625-0002 406-447-5500  
 Fax: 406-447-4533

## Personal Information

Name:

Social Security Number:

Local Address:

Are You At Least 18 Years of age?

Campus Phone:

Are You Eligible to Work In the U.S.?

## Position Applying For:

Title:

Referred By:

Are You Work-Study Eligible? YES \_\_\_ NO \_\_\_ Year in College \_\_\_\_\_ Major \_\_\_\_\_

## HOUR – DAYS AVAILABLE TO WORK

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:00							
9:00							
10:00							
11:00							
12:00							
1:00							
2:00							
3:00							
4:00							
5:00							
6:00							
7:00							
8:00							
9:00							

REMARKS:

Employment History			
<b>Dates:</b> Month/Year	<b>Employer</b>	<b>Title or Position (Describe Your Duties)</b>	<b>Rate of Pay</b>
<b>From:</b>	<b>Name:</b>		<b>Start:</b>
	<b>Address:</b>		<b>End:</b>
	<b>City, State, Zip Code:</b>		<b>Other Compensations:</b>
<b>To:</b>	<b>Company Telephone Number:</b>		
	<b>Supervisor:</b>	<b>Reason For Leaving:</b>	
	<b>May We Contact Your Present Employer?</b>		
<b>From:</b>	<b>Name:</b>		<b>Start:</b>
	<b>Address:</b>		<b>End:</b>
<b>To:</b>	<b>City, State, Zip Code:</b>		<b>Other Compensations:</b>
	<b>Company Telephone Number:</b>		
	<b>Supervisor:</b>	<b>Reason For Leaving:</b>	
<b>From:</b>	<b>Name:</b>		<b>Start:</b>
	<b>Address:</b>		<b>End:</b>
<b>To:</b>	<b>City, State, Zip Code:</b>		<b>Other Compensations:</b>
	<b>Company Telephone Number:</b>		
	<b>Supervisor:</b>	<b>Reason For Leaving:</b>	

Carroll College promotes equal employment opportunities and endeavors to provide a non-discriminatory workplace for employees regardless of race, color, religion, creed, sex, age, handicap, national origin, marital status, or status as a vietnam-era or disabled veteran. I certify that the information contained in this employment application is complete, correct and accurate to the best of my knowledge and I understand that any falsifications or omissions may result in denial of employment or dismissal. I authorize Carroll to act as my agent in securing information about me from any person or company without liability to such person or company or to Carroll. If an employment relationship is established, I understand that at any time during the initial six month probationary period, my employment and compensation can be terminated either by myself or by Carroll College with or without notice or cause. In addition, if accepted for employment, I hereby agree to abide by the policies of Carroll College.

Signature \_\_\_\_\_ Date \_\_\_\_\_