Student Digital LifeStudent Employment Application

APPLICANT INFORMATION								
Last Name:			First Name:				M.I.:	
Student ID number:			Work eligibility age: 16 but less than 18 1				18 or over	
E-mail:			Phone:					
Local home/mailing address:								
Are you currently eligible to work in the U.S.?							YES NO	
Have you previously been employed by Emory University? YES NO If yes, when {MM/YY}:								
Are you currently employed by Emory University?								
Do you have Federal Work Study? YES NO If yes, will you be using it for a position with us? YES NO								
EDUCATION								
First Year Sophomore Junior Senior Master's Ph.D. Expected Graduation Date:								
Academic department/major:								
Do you have experience with the following? Adobe CC 3D Printing Video/Audio Production								
List additional software/technical skills and degree of proficiency:								
WORK EXPERIENCE (can include volunteer work)								
NAME OF EMPLOYER TYPE OF WORK						DATES OF EMPLOYMENT {MM/YY-MM/YY}		
-								
List all possible hours you are available for work. Please be specific.								
MONDAY TUESDAY WEDN	IESDAY T	HURSD	AY	FRIDAY		SATURDAY	SUNDAY	
Please list your top choices of student positions (see descriptions at https://ats.emory.edu/sdl/student-resources/student_employment.html)								
1.								
2.								
3.								
DISCLAIMER AND SIGNATURE								
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination.								
E-Signature:					Date:			