



WORK-STUDY EMPLOYMENT APPLICATION

Enrollment Services, OSU-Cascades
 223 Cascades Hall, 2600 NW College Way, Bend, OR 97701
 Phone (541)322-3100 Email: jane.reynolds@osucascades.edu

SUBMIT FORM TO OSU-Cascades Enrollment Services Office in Cascades Hall Room 223

Position _____ Department _____

Last Name _____ First Name _____ Middle Initial _____

Local Address _____

City _____ State _____ Zip _____

Phone _____ Social Security Number: _____ - _____ - _____

E-Mail Address _____ Date Available to Start Work: ____/____/____

Major: _____ Class Standing: _____

Number of credits per term: _____ Fall _____ Winter _____ Spring _____ Summer _____

HOURS OF AVAILABILITY

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
A.M.							
P.M.							

How many hours per week do you wish to work? (20 hrs/wk max. during terms): _____

Were you awarded Federal Work-Study as part of your Financial Aid package? _____

Have you previously been employed by Oregon State University? _____

If yes: Date(s) _____ Department(s)? _____

SKILLS List skills pertinent to the position for which you are applying and any others you possess such as foreign languages, typing, computer software/programming, maintenance, etc.

SKILL AREA (e.g., language, software, programming, carpentry)	PROFICIENCY LEVEL (e.g., typing speed)

WORK HISTORY

List relevant work or volunteer experience, beginning with the current or most recent.

1. Employer _____ Position Title _____
 Address _____ Phone (____) _____
 Supervisor _____ Dates of Employment: from _____ to _____
 Job Responsibilities _____

2. Employer _____ Position Title _____
 Address _____ Phone (____) _____
 Supervisor _____ Dates of Employment: from _____ to _____
 Job Responsibilities _____

3. Employer _____ Position Title _____
 Address _____ Phone (____) _____
 Supervisor _____ Dates of Employment: from _____ to _____
 Job Responsibilities _____

Professional References

1. _____
 Name Phone Number Relationship

2. _____
 Name Phone Number Relationship

3. _____
 Name Phone Number Relationship

I authorize you to contact my former employers and/or references. Yes _____ No _____

INCOMPLETE OR UNSIGNED APPLICATIONS WILL NOT BE ACCEPTED.

NOTICE Any false, fraudulent, or misleading oral or written statement contained in this application and attached materials or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment, dismissal from state service if discovered after employment, and/or prosecution for a crime.

I certify and affirm that I have read and understand the above notice. I further certify that I personally completed this application and attached materials or requested its completion and that all statements contained herein are true and complete to the best of my knowledge.

SIGNATURE _____ DATE _____

KEEP A COPY OF YOUR COMPLETED APPLICATION TO BRING WITH YOU IF YOU ARE SELECTED FOR AN INTERVIEW.

OSU is an Affirmative Action/Equal Opportunity Employer