

# Application for Student Employment



**Multicultural Student Services**  
AMC 154, St. Cloud State University  
(320) 308-3003

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

For which semester(s) are you applying for employment? *(Circle those that apply)*

Fall    Spring    Summer    Academic Year: \_\_\_\_\_

Name \_\_\_\_\_ ID# \_\_\_\_\_

Local Address \_\_\_\_\_

*apt. #, street address*

*city*

*state*

*zip*

Local Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

Are you eligible for work study funds?     Yes     No

What is your work site preference?     On campus     Off campus     Either

Do you have transportation? *(vehicle, bus, etc.)*     Yes     No

What are your interests and hobbies?

What type of a position would you be interested in?

Please describe your skills as related to an employment situation:

Please list any past employers and your duties for each job: