



St. Cloud State University
Department of
Residential Life

Office use only:

Qualifications verified:

Credits _____

GPA _____

Res. hall exp. ____

Staff Initial _____

Interview Scheduled: _____

Correspondence Sent: _____

Comments: _____

Hire Date: _____

Hall: _____

Position: _____

Employment End Date: _____

Name _____
Last First

Community Advisor Application

Date of Application _____

Name _____ E-mail Address _____@stcloudstate.edu
Last First Middle

SCSU Tech ID _____ Permanent Address _____

Local Address _____

Home Phone: _____

School Phone: _____ Cell Phone: _____

Applying for: _____ Academic Year _____ Summer _____

If hired, I will be a Full-time student, enrolled in no less than 12 and no more than 17 credits per semester, during my time of employment

I plan to have 24 credits completed prior to start date

I currently have a cumulative GPA of 2.5 or above

I am in good judicial standing with the University and Residential Life

If hired I must clear a criminal background check and meet employment eligibility requirements

If hired I have committed to serving a full academic year in the CA role

I distributed the Reference forms to two references I listed on the application, and asked them to return them before the application deadline

I have completed and signed this application form entirely

Applications must be received at the Department of Residential Life, Carol Hall, by December 4, 2009

This application will be treated confidentially at all times. It will remain on file throughout the academic year.

You may enclose a one page resume if you so choose.

Please describe your concept of the specific role(s) and responsibilities in a residential life community for the position(s) for which you are applying.

Describe specifically how you will portray a positive, professional image / role model, and how you will effectively fulfill your leadership role.

References:

List the two individuals who will be submitting reference forms.

1.

Name	Position / Title
()	()
Address	Phone Number

2.

Name	Position / Title
()	()
Address	Phone Number

I certify that all the information included in this application is correct and true to the best of my knowledge. I am able and willing to present proof of eligibility to work in the United States at the time of hire. I have read and understand the job description of the position at SCSU's Department of Residential Life for which I submit this application.

Signature _____ Date _____

Educational

Data:

Present class standing: Fresh Soph Jr Sr Grad

Total # of credits completed _____ When do you plan to graduate? _____

GPA last semester _____ Cumulative GPA _____

Total Credits Completed at SCSU _____ Credits Transferred _____

Other colleges and universities attended and dates _____

Major: _____ Minor: _____

of semesters you have lived in a Residence Hall at SCSU: _____ other universities: _____

List halls you have lived in at SCSU: _____

Will you be available for the entire academic year? No _____ Yes _____

If No, please explain _____

Do you plan on studying abroad either semester? _____ If yes, when? _____

Will you student teach/intern more than 8 credits/equivalent hours next year? No ___ Yes ___

If Yes, please explain _____

General Information:

If selected, will you limit outside employment as required for the position, and defined by the Department of Residential Life? No _____ Yes _____

If selected, do you agree to attend all required training workshops and inservices? _____

Have you ever been convicted of a gross misdemeanor or felony? No _____ Yes _____

If yes, please explain _____

Please Note: Before applicants will be formally hired a "Release of Information" to authorize a criminal history background check must be completed.

Qualifications:

Please list experiences, activities, and/or special skills which might help qualify you for the CA position (previous leadership experience, organization roles, etc.)

List current activities and commitments: _____

Employment History:

List most recent employer first.

1

Company (name and address)	Supervisor (name)	Dates of employment	Reason for leaving
		from: ____ / ____ mo yr to: ____ / ____ mo yr	

Position duties/responsibilities: _____

May we contact this employer? _____ Phone: _____

2

Company (name and address)	Supervisor (name)	Dates of employment	Reason for leaving
		from: ____ / ____ mo yr to: ____ / ____ mo yr	

Position duties/responsibilities: _____

May we contact this employer? _____ Phone: _____

3

Company (name and address)	Supervisor (name)	Dates of employment	Reason for leaving
		from: ____ / ____ mo yr to: ____ / ____ mo yr	

State your reasons for applying for this position. Include what you can contribute and what you expect to receive from the position(s), if selected.

Interest Statement: