

CLA Video Services

Application for Student Employment

Personal Data	DATE:
Name (last, first, middle)	Student ID number
Local street address	Phone number
City, State, Zip Code	email address
Permanent address, if different from above	

Citizenship Status
U.S. Citizen ____ Permanent Resident ____ International Student ____

Current College Status
Freshman ____ Sophomore ____ Junior ____ Senior ____ Graduate Student ____ Post-Secondary ____ Adult Special ____
Term and year of expected graduation:

Number of CREDITS Registered for
Summer ____ Fall Semester ____ Spring Semester ____ Major

Your Schedule
Min./Max. # hours you'd like to work per week _____ / _____
Do you have another job? Is it with the University or off campus?
How many hours per week do you work at your other job?
Have you ever had a job at the University of Minnesota, Twin Cities?

Availability
Weekdays
Evenings
Weekends

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Education/Training:	
High school graduate _____	Post Secondary Student _____

Business, Trade, Vocational/Technical School			
Name	Dates attended	Course of study	Degree received? No _____ Yes, type: _____

College, University or Professional School			
Name	Dates attended	Course of study	Degree received? No _____ Yes, type: _____
Name	Dates attended	Course of study	Degree received? No _____ Yes, type: _____

Knowledge, Skills, and Abilities (Check all that apply)		
Macintosh _____ PC _____ Word processing/spreadsheets _____	Video and/or Audio editing software _____ which one(s)?	HTML _____ Databases _____ Programming _____
Do you have any video production experience?		
Which video production classes, if any, have you taken previously?		
Audio experience?		
Theatre experience?		
Do you have any difficulty lifting or carrying heavy items or standing for long periods of time?		

Why are you interested in this job?
What specific skills would you like to learn while working here?
What do you hope to do after graduation?

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Work Experience List your most recent employers and work experience		
Employer	Supervisor's name	Phone number
Address		
Experience		

Employer	Supervisor's name	Phone number
Address		
Experience		

Employer	Supervisor's name	Phone number
Address		
Experience		

Other relevant work experience, volunteer activities, training, licenses, or comments

Read and sign: To the best of my knowledge, the information included in this application is true. I understand that misrepresentation of facts in connection with my application may be sufficient cause for restriction from student employment services as well as termination when discovered. **I understand that if I fail to register, fall below the required number of credits, or cancel my registration, my student appointment is no longer valid.** I authorize the University of Minnesota to investigate my past relevant employment and/or education history. I also authorize any persons, companies, corporations and/or education facilities with whom I have been associated to furnish the University of Minnesota with any information concerning my employment and educational background which they may have on record.

Signature _____ Date _____

Return application to Laura Cervin, cervi001@umn.edu, 520-B Rarig Center