

CVM Veterinary Health Center and Clinical Sciences Student Employment Application

Please return completed applications to:

HR personnel at: CVMhr@vet.k-state.edu

The completion of an application does not guarantee employment.

To be eligible for a student worker employee you must be enrolled in at least 6 credit hours.

Please check the type of employment you are seeking:

<input type="checkbox"/> College Work-Study* *(Must have received award from Financial Aid)	Amount of Work-Study Award \$ _____ Amount per semester _____
<input type="checkbox"/> Regular Wage	___ Fall ___ Spring ___ Summer

Date/Year when leaving K-State: _____

Position Applying for: _____

Today's Date: _____

NAME: _____
Last First

EID _____ WildCat ID # _____

CITIZEN ___ RESIDENT ___ VISA _____

E-MAIL ADDRESS: _____

CONTACT PHONE: _____

SECOND PHONE: _____

LOCAL ADDRESS: _____
City, State, Zip Code

MAJOR: _____ ___ FR. ___ SO. ___ JR. ___ SR. ___
 OTHER _____

Qualifications/Skills: () Cash Handling () 10 Key () Fax Machine () Customer Service
 () Typing () Copier () PC or Macintosh () Multi-Line
 Phone
 () Other: _____

Software Skills : () Word () Excel () Access () Outlook () Publisher () Illustrator () InDesign
 () Photoshop () Other: _____

EDUCATION

	Name of School	Address	Graduate Y/N	Degree
High School				
Previous College				

AVAILABILITY (Schedule)

Are you available to work the hours required in the position you are applying for? (Circle) Yes No

Number of hours of employment desired per week: _____

Date available to start work: _____

Will you be available for: Days ___ Evenings ___ Nights ___ Weekends ___ Holidays ___
 Summer ___

Semester: _____ Year: _____

(In the grid below, please cross out all days/hours that you are unavailable)

Hour	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7:30							
8:30							
9:30							
10:30							
11:30							
12:30							
1:30							
2:30							
3:30							
4:30							
5:30							
6:30							
7:30							
8:30							
9:30							

HOURS AVAILABLE TO WORK

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

PREVIOUS WORK EXPERIENCE BOTH ON AND OFF-CAMPUS

Date Began	Date Ending	JOB TITLE	NAME OF EMPLOYER & PHONE NUMBER	DUTIES

REFERENCES (Please list three references)

Name	Telephone	Relationship	Years Known
1)			
2)			
3)			

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

K-State College of Veterinary Medicine is an Affirmative Action/ Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law. This application is current for the duration of the semester. At the conclusion of this time, if you have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If you are hired you will be required to provide proof of identity and eligibility to work in the US before you can begin work per the Immigration Reform and Control Act of 1986.

Signature of Applicant: _____ Date: _____