

**Purdue University North Central
Office of Student Activities
Employment Application**

Please return application to the Office of Student Activities.

Last Name: _____ **First Name:** _____

Social Security Number: _____ **Student ID #:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____

Degree Objective: _____

Please check the position for which you would like to be considered (check all that applies):

Game Room Attendant Fitness Room Attendant Department Aide Other _____

Do you have any experience in office practices? yes _____ no _____

Do you have typing skills? yes _____ no _____

Do you have any experience in operating personal computers? yes _____ no _____

Diploma Received in: _____ / _____ / _____

or

GED Received in: _____ / _____ / _____

Special Skills/Training and/or Other Post High School Education:

Previous Employers: (Please list your previous employers from the most recent.)

Place of Employment	Length of Employment	Phone	Supervisor	Are you currently employed here?	
				Y	N
				Y	N
				Y	N
				Y	N
				Y	N
				Y	N

Class Schedule:

Please list your tentative/present class schedule.

Section #	Course	Day Of Class					Instructor	Time	Room #
		M	T	W	Th	F			
		M	T	W	Th	F			
		M	T	W	Th	F			
		M	T	W	Th	F			
		M	T	W	Th	F			
		M	T	W	Th	F			
		M	T	W	Th	F			
		M	T	W	Th	F			

Other activities, commitments or obligations that may conflict with a future work schedule:

Please list or explain anything else that may conflict with your future work-study schedule.

I understand that the information provided is true and accurate to the best of my knowledge. In addition, I understand working in this department may require my involvement with confidential records and confidential information. With this in mind, I will be required to maintain strict discretion and confidentiality under the Family Educational Rights and Privacy Act (FERPA) and the Gramm-Leach-Bliley Act (GLBA). I understand that any violation of either policy or the deliberate disregard of the specific policies of the department will result in my immediate termination.

Student Signature: _____ Date: _____

FOR DEPARTMENT USE ONLY:

ID #: _____ Activities Location: _____

Work-Study Eligible? Yes No Amount Allotted \$ _____

Rates and other Info:

Academic Year	Fall	Spring	Summer I	Summer II

PNC Employment History:

Academic Year	Department	Supervisor