STUDENT EMPLOYMENT APPLICATION

NAME (Last, First, MI)	CHOSEN NAME (if applicable)	STUDENT ID #

ADDRESS (Number, Street, Town, State, Zip)

PHONE ( )	EMAIL @student.ccm.edu

SKILLS/INTERESTS: (e.g. clerical/customer service skills, 2nd language, computer skills such as MS Excel, Word, a particular department of interest...)

I certify that answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the College.

Signature of Applicant: _____ **Date:** _____

PUT AN X IN BOXES TO INDICATE TIMES IN CLASS AND TIMES YOU CANNOT WORK.

FALL SCHEDULE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00 - 9:15					
9:30 - 10:45					
11:00 - 12:15					
12:30 - 1:45					
2:00 - 3:15					
3:30 - 4:45					
5:00 - 6:15					
6:30 - 7:45					
8:00 - 9:15					

SPRING SCHEDULE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00 - 9:15					
9:30 - 10:45					
11:00 - 12:15					
12:30 - 1:45					
2:00 - 3:15					
3:30 - 4:45					
5:00 - 6:15					
6:30 - 7:45					
8:00 - 9:15					

Office Use Only

NOTES