

APPLICATION FOR STUDENT ASSISTANT EMPLOYMENT – GEORGIA STATE UNIVERSITY
 GSU, A UNIT OF THE UNIVERSITY SYSTEM OF GEORGIA, IS AN EQUAL OPPORTUNITY EDUCATIONAL INSTITUTION AND IS AN EQUAL
 OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

LAST NAME	FIRST NAME	MIDDLE NAME	PANTHER ID NUMBER
MAILING ADDRESS – NO. & STREET		CITY	STATE ZIP CODE
HOME TELEPHONE	WORK TELEPHONE	OTHER TELEPHONE	

SCHEDULE FOR _____ SEMESTER

List all times you are willing and able to work

How many total hours per week are you interested in working?

Are you available to work between semesters?
 YES ___ NO ___

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Mornings							
Afternoons							
Evenings							

EDUCATION – CHECK ALL THAT APPLY TO YOU AND COMPLETE REQUESTED INFORMATION

_____ Earned HIGH SCHOOL diploma or G.E.D. Name of School _____

_____ Attended VOCATIONAL School, COLLEGE, or UNIVERSITY prior to current enrollment at Georgia State University

School Name _____ Area of Study _____ Dates attended (from) _____ (to) _____

School Name _____ Area of Study _____ Dates attended (from) _____ (to) _____

Degrees Earned:

GEORGIA STATE UNIVERSITY – CURRENT EDUCATIONAL STATUS

Check one: ___ Freshman
 ___ Sophomore Major _____ Dates of initial enrollment _____
 ___ Junior
 ___ Senior College _____ Anticipated graduation date _____
 ___ Graduate Student
 ___ Other Degree working toward _____

LICENCES, CERTIFICATES, VOLUNTEER EXPERIENCE, ACTIVITIES, INTERNSHIPS, SKILL, INTERESTS, ETC. - describe if related to job(s) applied for

WORK EXPERIENCE – Begin with current or most recent job, then list prior employment

Current job title	Department	Date Began	Date Ending
Name of Company, Address		Average hours/week	Present Salary
Supervisor's Name and Phone no.		May we contact present employer? YES ___ NO ___	
Description of Responsibilities			

Job title	Department	Date Began	Date Ending
Name of Company, Address		Average hours/week	Present Salary
Supervisor's Name and Phone no.		Reason for leaving	
Description of Responsibilities			

Job title	Department	Date Began	Date Ending
Name of Company, Address		Average hours/week	Present Salary
Supervisor's Name and Phone no.		Reason for leaving	
Description of Responsibilities			

SPACE BELOW IS FOR PERSONNEL USE ONLY. PLEASE CONTINUE ON REVERSE SIDE
 WORK AUTHORIZATION TYPING

___ No restrictions ___ Restricted as follows: CWPM _____ Test Date _____
 ___ Normal F-1 Visa restrictions by: ERRORS _____ by:

