## **APPLICATION FOR STUDENT EMPLOYMENT**Osher Map Library and Smith Center for Cartographic Education

Last Name		First Name				
Student ID Number	er	Email address				
Local Address						
City		State _	Zip (	Cell Phone		
In Case of Emerge	ency Contact					
Phone Number(s)	one Number(s) Relationship					
Most recent emplo	st recent employerPhone					
Address/ State/ Zi	p					
Supervisor						
Expected Date of	Graduation 🔲 I	December May	Augus	t Year		
Major			_ Minor			
Have you been aw	arded Work Study	funds? NO YI	ES award amou	nt \$		
Give a brief descri	ption of previous j	obs you have held: _				
If yes, what langua	age(s)?	n addition to English				
	ner special skins o	pertinent experience	you nave			
Number of hours p	oer week you woul	d like to work				
Please indicate the	e times you are ava	ilable to work:				
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Would you be ava	ilable to work at o	ccasional special ever	nts in addition to	your regular shift	?□NO □YES	