

Office use only **HIRING DEPT.**

START DATE

HOURS

IHCC Student-Worker Application 2006-07

Student ID (if known) _____
or
Social Security: _____ - _____ - _____

Name _____
Last First

Home Phone _____ Cell # _____

College E-mail _____ Address _____

First semester at IHCC? Yes No Anticipated graduation/transfer date _____

Particular dept. applying for? _____ Worked on campus before? Yes No

Indicate **TIMES AVAILABLE to WORK:** *some depts. are open 8:00 a.m. to 9:00 p.m. and on Saturdays*

Monday _____	Wednesday _____	Friday _____
Tuesday _____	Thursday _____	Saturday _____

(Circle) Your Skills: computers, keyboarding, child care, customer service, phones, handling money, list other skills _____

Work History

Employer _____ Dates _____

Job Responsibilities _____

Employer _____ Dates _____

Job Responsibilities _____

References: *(not family members)* May we contact your references? Yes No

1. _____
 Name Title Relationship Phone Number

2. _____
 Name Title Relationship Phone Number

I declare that all information provided is true and complete.

Signature _____

Date _____

*This information is available in an alternate form. Please contact IHCC Disability Services at 651-450-3628.
Inter Hills Community College is an equal opportunity employer.*

Eligible hours per week

Institutional only