

Office use only **HIRING DEPT.**

**START DATE**

**HOURS**

**IHCC Student-Worker Application 2016-17**

Student ID \_\_\_\_\_ 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 \_\_\_\_\_  
Employer Phone Number \_\_\_\_\_ May we contact?  Yes  No  
Job Responsibilities \_\_\_\_\_

Employer \_\_\_\_\_ Dates \_\_\_\_\_  
Employer Phone Number \_\_\_\_\_ May we contact?  Yes  No  
Job Responsibilities \_\_\_\_\_

**Emergency Contacts:**

- Name Relationship Phone Number
- Name 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 The Center for Accessibility and Inclusion at 651-450-3626. Inter Hills Community College is an equal opportunity employer.*

**Eligible hours per week**

**Institutional only**