

# DEPARTMENT OF SURGERY

## STUDENT EMPLOYMENT APPLICATION

APPLICATION FOR PART-TIME STUDENT EMPLOYMENT. PLEASE TYPE OR PRINT CLEARLY IN INK.

The University of Washington does not discriminate against individuals because of their race, color, religion, creed, age, sex, sexual orientation, national origin, handicap or status as a disabled veteran or Vietnam era veteran.

<b>PERSONAL</b>			
LAST NAME, FIRST, M.I.		UW STUDENT ID NUMBER	
LOCAL ADDRESS: STREET		CITY	STATE
		ZIP CODE	
DAY PHONE	EVENING PHONE	EMAIL ADDRESS	
<b>POSITION APPLYING FOR:</b>			
<b>WORK EXPERIENCE</b>			
PLEASE INDICATE YOUR PREVIOUS EMPLOYMENT HISTORY BELOW, OR ATTACH A RESUME			
HAVE YOU EVER WORKED FOR DEPT. OF SURGERY? (circle) YES NO (IF YES INDICATE DIVISION AND LIST THAT JOB FIRST)			
ORGANIZATION	POSITION	SUPERVISOR'S NAME	PHONE #
CITY / STATE	DESCRIPTION OF DUTIES		
DATES EMPLOYED FROM: TO:			
ORGANIZATION	POSITION	SUPERVISOR'S NAME	PHONE #
CITY / STATE	DESCRIPTION OF DUTIES		
DATES EMPLOYED FROM: TO:			
ORGANIZATION	POSITION	SUPERVISOR'S NAME	PHONE #
CITY / STATE	DESCRIPTION OF DUTIES		
DATES EMPLOYED FROM: TO:			

## OTHER SKILLS

LIST ANY OTHER SKILLS YOU WOULD LIKE TO MENTION:

## REFERENCES

Please provide two references. At least one reference should be from an employer if you have previous work experience. The other reference should be a "character" reference (no relatives please).

NAME	RELATION	PHONE
NAME	RELATION	PHONE

## SCHEDULE

CURRENTLY REGISTERED FOR \_\_\_\_ CREDITS DURING (circle) FALL WINTER SPRING SUMMER

NUMBER OF HOURS WORK PER WEEK DESIRED (19.5 MAXIMUM): \_\_\_\_\_

PLEASE CHECK THE TIMES YOU ARE **NOT AVAILABLE** FOR WORK:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Before 8:30am							
8:30-9:30am							
9:30-10:30am							
10:30-11:30am							
11:30-12:30pm							
12:30-1:30pm							
1:30-2:30pm							
2:30-3:30pm							
3:30-4:30pm							
After 4:30pm							

Federal regulations require that you present proof of your eligibility to work in the United States. A driver's license and a social security card are acceptable verification. Please bring these or other documents with you to your interview. Other documents which may be used are: U.S. Passport, Student Visa, Certificate of Naturalization, Alien Registration Card, U.S. Military Card, Birth Certificate.

I certify that during the academic quarters in which I am enrolled as a student at the University of Washington, I will not accept a regular employment schedule of more than 19.5 hours per week. I hereby allow the University of Washington to make inquiries into records relating to my experience. I understand that consideration of this application and the continuation of any subsequent employment depends upon the truth and accuracy of this information.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Note: Employment is offered on a quarter by quarter basis and may be extended.

## OFFICE USE ONLY

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant contacted by: \_\_\_\_\_ Date: \_\_\_\_\_

Response: \_\_\_\_\_