



PD/HR TO COMPLETE
 Date Interviewed: _____
 Interview Completed by: _____

Job Application Form ISU Call Center Student Representative

Please complete the form below.

Name (Last, First, Middle Initial): _____ **Social Security Number:** _____

Local Address

Street Address, including Apt. _____ *City* _____ *State* _____ *Zip Code* _____

Email Address: _____ **Home Phone:** _____ **Cell Phone:** (optional) _____

Permanent Address: (For Tax Purposes)

Street Address, including Apt. _____ *City* _____ *State* _____ *Zip Code* _____

Do you use a nickname? **Yes** **No** _____
Would we need additional information in order to check your employment record? **Yes** **No**
 If yes, please provide information.

Work History (Please begin with your **most recent** work experience):

Date To/From	Company Name / Contact	Job Title / Salary	Job Duties	Reason for leaving
From:	Company	Title		
To:	Contact/Phone	Salary		
From:	Company	Title		
To:	Contact/Phone	Salary		

May we contact all of these employers for a reference? **Yes** **No**
If no, which one(s) would you prefer we not contact? _____

Educational History:

Major _____ *Year in school* _____ *Expected Graduation Date* _____

Are you legally eligible to work in the United States? **Yes** **No** (If hired, you will be required to provide documentation of eligibility for employment)

Have you ever been convicted of a felony? **Yes** **No**
 If yes, please give details and dates: _____

Note: Answering YES does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of violation, rehabilitation and position applied for will be taken into account.

IMPORTANT: THIS POSITION REQUIRES THAT YOU ARE AVAILABLE TO WORK THE HOURS LISTED BELOW.

- Please **CROSS OFF** the days that you cannot work for the entire shift.
- You are required to work the **entire** shift **2-3 days a week**.

	MON	TUES	WED	THURS	FRI	SAT	SUN
Shift	5:30-9:00 pm	5:30-9:00 pm	5:30-9:00 pm	5:30-9:00 pm			3:00-6:00 pm

By signing below you acknowledge that you are available to work the hours listed above, up to status hrs/wk

Signature: _____ **Date:** _____

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING:

By signing below: I hereby certify that all statements made on this application and all other documents I have submitted in support of my application are true and complete to the best of my knowledge and belief. I understand that knowingly making a false statement or omission on this application may be sufficient cause for rejection of my application or dismissal after employment. I hereby authorize Idaho State University to investigate the information contained herein and release all references, previous employers and schools from damages resulting from furnishing such information. I also understand that my employment relationship is at will and may be terminated by either party at any time.

Referred by: _____

Signature: _____ **Date:** _____