



**2006-2007 Undergraduate Student Employment Application**

Complete this form and return via email or regular mail.  
Please print clearly.

First Name	Last Name
Local Address:	Permanent Address:
Email Address:	Secondary Email Address:
Local Phone:	Permanent Phone:
Cell Phone:	Please circle the best phone number to contact you.

**Are you a Federal Work Study recipient?**  Yes  No

Academic Year:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>

Major:	Expected Graduation Date:
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**Check the positions in which you are interested:**

Paid training is provided. You may check more than one box.

<input type="checkbox"/> Audio Services Apprentice	<input type="checkbox"/> Finance Assistant	<input type="checkbox"/> Scene Shop Apprentice
<input type="checkbox"/> Coat Check Attendant	<input type="checkbox"/> House Manager	<input type="checkbox"/> Ticket Office Representative
<input type="checkbox"/> Costume Shop Stitcher	<input type="checkbox"/> Paint Shop Apprentice	<input type="checkbox"/> Tawes Theatre Crew
<input type="checkbox"/> Electric Services Apprentice	<input type="checkbox"/> Props Apprentice	<input type="checkbox"/> Wardrobe Crew
<input type="checkbox"/> Event Services Crew	<input type="checkbox"/> Scene Shop Admin. Assistant	<input type="checkbox"/>

**Number of hours available per week:** \_\_\_\_\_

Please indicate your general availability and the times are you interested in working.

Some positions may not always be available.

Normal work hours at the Clarice Smith Performing Arts Center are from 8am to 11pm.

Mornings  Afternoons  Evenings  Weekends

**Please attach a copy of your schedule of classes.**

You may be asked to provide an unofficial transcript.

If you are under the age of 18, a work permit will be required for employment.

Please turn over and complete the other side.

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**Side 2**

Please print clearly.

**Employment experience:**

Company Name	Dates of Employment: From: _____ To: _____
Location:	Position held:
Supervisor:	Supervisor's Phone:
Duties:	
Reason for leaving:	

Company Name	Dates of Employment: From: _____ To: _____
Location:	Position held:
Supervisor:	Supervisor's Phone:
Duties:	
Reason for leaving:	

Company Name	Dates of Employment: From: _____ To: _____
Location:	Position held:
Supervisor:	Supervisor's Phone:
Duties:	
Reason for leaving:	

List any other information or experience you would like us to consider:

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Signature

Date

Applicants will only be contacted if they are being considered for employment.  
Please note that hiring takes place during different times in the academic year and varies by department.