

APPLICATION FOR EMPLOYMENT

(SSN Voluntary, for Record Keeping and Data Processing Only)

**Reich College of Education
Technology Labs**

Date of Application

Social Security Number	Last Name	First Name	Middle Name
Address (Street number and name)		City	County
State	Zip Code	Phone (Home or where you can be reached)	E-mail Address:

Availability Do you now work? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you related by blood or marriage to any person now working for the College of Education? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give name, relationship to you and the agency where employed.	Level: <input type="checkbox"/> Freshmen <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate Student
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Major: _____ **Minor:** _____ **GPA:** _____

Expected Graduation Date: _____

Lab Preference:
 Media Lab 216 EDH Lab

Referral Source
 Please indicate your referral source: _____

Please rate your knowledge of the following operating systems:

Windows 95/98: None Some Skilled
Macintosh: None Some Skilled
Unix: None Some Skilled
Dos: None Some Skilled
VMS: None Some Skilled

Please mark the applications you have experience with below (check all that apply):

<input type="checkbox"/> Netscape	<input type="checkbox"/> Internet Explorer	<input type="checkbox"/> Pine/Elm	<input type="checkbox"/> WordPerfect	<input type="checkbox"/> MS Word
<input type="checkbox"/> MS Works	<input type="checkbox"/> Pagemaker	<input type="checkbox"/> Frontpage	<input type="checkbox"/> Access	<input type="checkbox"/> Excel
<input type="checkbox"/> Publisher	<input type="checkbox"/> Filemaker Pro	<input type="checkbox"/> Powerpoint	<input type="checkbox"/> Freehand	<input type="checkbox"/> Adobe Photoshop
<input type="checkbox"/> iMovie	<input type="checkbox"/> AutoCAD	<input type="checkbox"/> SPSS	<input type="checkbox"/> Clarisworks	<input type="checkbox"/> Macromedia Products

Special Skills:
 Photography (Photos/Slides) Videography (Video capture, edit, presentation) Image Scanning

 Other:

Number of hours per week you would like to work: _____ Minimum _____ Maximum Can you work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	List days and times that you are available to work: Monday _____ Saturday _____ Tuesday _____ Sunday _____ Wednesday _____ Thursday _____ Friday _____
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Class Schedule for next semester:				
Monday	Tuesday	Wednesday	Thursday	Friday

WORK HISTORY (include volunteer experience) Use Additional Sheets if Necessary				
Current or Last Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				
<p>I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)</p>				
_____ Signature of Applicant (unsigned applications will not be processed)			_____ Date	