

# The Red & Black

## Employment Application for the **ADMINISTRATIVE DEPARTMENT**

BUSINESS INTERN     ASSISTANT OFFICE MGR.

Please attach resume when submitting this application.

Today's Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Semester Applying for:  FALL  SPRING  SUMMER

PERSONAL	LAST NAME			FIRST		INIT.		ARE YOU CURRENTLY ENROLLED IN CLASSES AT UGA ?				
								<input type="checkbox"/> YES <input type="checkbox"/> NO				
	CURRENT LOCAL ADDRESS					LOCAL PHONE NUMBER			ALTERNATE PHONE			
	HOME ADDRESS					CITY			STATE & ZIP CODE		NON-LOCAL PHONE NUMBER	
	CLASS STANDING		<input type="checkbox"/> Sophomore		ESTIMATED GPA		PROJECTED GRAD DATE		MAJOR		MINOR	E-MAIL ADDRESS
	<input type="checkbox"/> Grad. Student		<input type="checkbox"/> Junior									
<input type="checkbox"/> Freshman		<input type="checkbox"/> Senior										
IF POSITION DESIRED IS UNAVAILABLE, WOULD YOU BE INTERESTED IN ANOTHER POSITION?						ARE YOU LEGALLY ELIGIBLE FOR WORK IN THE US? <input type="checkbox"/> YES <input type="checkbox"/> NO			DO YOU HAVE A CAR AVAILABLE FOR YOUR USE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> YES IF YES, WHAT POSITION _____						<input type="checkbox"/> NO			ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NUMBER OF HOURS YOU WISH TO WORK PER WEEK? _____		CAN YOU WORK MORE IF NEEDED? _____		DATE AVAILABLE TO START _____		HOW DID YOU LEARN OF OUR ORGANIZATION?						
						<input type="checkbox"/> A teacher			<input type="checkbox"/> Class visit			
						<input type="checkbox"/> A friend who works/or has worked here			<input type="checkbox"/> Ad in The Red & Black			
									<input type="checkbox"/> Flyer on campus			
									<input type="checkbox"/> Other _____			

EXPERIENCE	TITLE AND RESPONSIBILITIES			DATES OF EMPLOYMENT			
	NAME OF BUSINESS			ADDRESS		PHONE NUMBER	SUPERVISOR'S NAME
	TITLE AND RESPONSIBILITIES			DATES OF EMPLOYMENT			
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	TITLE AND RESPONSIBILITIES			DATES OF EMPLOYMENT			
	NAME OF BUSINESS			ADDRESS		PHONE NUMBER	SUPERVISOR'S NAME

CURRENT MEMBERSHIP IN CLUBS & ACTIVITIES

SCHEDULE FOR SEMESTER APPLICABLE
MONDAY: _____
TUESDAY: _____
WEDNESDAY: _____
THURSDAY: _____
FRIDAY: _____

I hereby certify that all given information on this application is true and correct to the best of my knowledge and that I understand any misinterpretation or omission of facts on my part will be justification for separation from the company's service, if employed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_