



## STUDENT ASSISTANT APPLICATION FORM

Position Applying for :	Period Applying for: Academic year	Semester
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<b>Personal Information:</b>	
Name: _____	UWI ID#: _____
Term Address: _____	E-Mail: _____
Home Address _____	Cell Phone: _____
TRN: _____	NIS #: _____

<b>Education:</b>	
Current Grade Level: <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3    Graduate Studies _____	
Major/Minor _____    GPA: _____    Faculty _____	
Enrolment Status: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time    Expected Graduation Year: <input style="width: 80px;" type="text"/>	

<b>Employment History:</b> (Most recent position first)	
Employer: _____	Employer: _____
Address: _____	Address: _____
Address: _____	Address: _____
Position Held: _____	Position Held: _____
Period of Employment: _____	Period of Employment: _____
Assigned Duties: _____	Assigned Duties: _____

<b>References:</b>	
Name: _____	Name: _____
Address: _____	Address: _____
Address: _____	Address: _____
Contact Number: _____	Contact number: _____
Email Address: _____	Email Address: _____

Continue on reverse

**Skills and Competencies: Check any that you are proficient in:**

Microsoft Word:       Research:       Event Planning:       Graphic Design:       Microsoft Excel:

Website Mgmt:       Photography:       Clerical/Admin:       SPSS:       Telephone Operator:

Other? Please List: \_\_\_\_\_

**Hours Available for Work:**

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_

When are you available to start working? \_\_\_\_\_

Are you currently employed as a student or graduate assistant for any other section on Campus? Yes  No

If yes, to which department are you assigned \_\_\_\_\_

**Eligibility Statement**

In order to be eligible for a student assistant position in the Faculty, you must be a full-time student with a cumulative GPA of at least 2.5.

Unless otherwise indicated, you may not work for more than 15 hours per week during the semester and 35 hours per week during the summer months in all combined work at the University.

**Authorization – Please read carefully before signing.**

I certify that to the best of my knowledge the information provided above is correct and complete. The Faculty has my permission to verify information provided on this form.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**For Official Use Only**

Application received by: \_\_\_\_\_ Date: \_\_\_\_\_

Comment/Action/Decision taken: \_\_\_\_\_

Signature of Staff: \_\_\_\_\_ Date: \_\_\_\_\_