APPLICATION FOR SUMMER EMPLOYMENT

Utica College is an equal opportunity, affirmative action employer, and considers applicants for all positions without regard to race, age, color, religion, gender, national origin, marital status, sexual orientation, or disability. Persons with disabilities who need assistance during the application process should contact the Office of Student Employment at 315/792-3353.

PERSONAL INFORMATION

UC E-Mail Address: _____________________________ Date: _____________

Full Name: ____________________________________________

                               Last       First       Middle

Address: ______________________________________________

                           Street       City       State       Zip Code

Phone Number: ____________________________ Referred to Utica College by: ____________________________

            (Newspaper, friend, relative, agency)

Are you under 18 years of age?   □ Yes   □ No

Are you under 16 years of age?   □ Yes   □ No

Check all of the following, which apply:

□ UC matriculated student enrolled in Summer Classes

□ UC student matriculated but not enrolled in Summer Classes

□ Child of current employee

□ Other (please specify)

EMPLOYMENT DESIRED

□ Full-time Summer       □ Part-time Summer

Position: __________________________ Minimum hourly rate accepted: __________________________

Has Utica College ever employed you? __________ If yes, give dates, position and department

________________________________________________________________________________________

________________________________________________________________________________________

AVAILABILITY

Are you taking classes here this summer?   □ Yes   □ No

How many credit hours are you taking? ________________

Which days of the week are you available? __________________________________________________________________________

What hours are you available? ______________________________________________________________________________________

What date will you be able to start work? ________________ Is there any area to which you would like your name forwarded?

Until what date will you be available to work? ________________ If yes, which one(s)______________________________

EDUCATION (give name and address of schools attended.)

Circle the highest grade completed: College:

College/University

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<thead>
<tr>
<th>Degree or License Received</th>
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<th>Major or Specialization</th>
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<tbody>
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<td>High School</td>
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<td>College/University</td>
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### SKILLS (as appropriate)

**Typing (WPM):**

**Word-processing Programs (name):**

**Spreadsheet Software (name):**

**Other Office Skills:**

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**Are you certified in CPR?**

- Yes
- No

**Do you have Red Cross Lifesaving Certificate?**

- Yes
- No

### EMPLOYMENT HISTORY

(List your present or most recent employment first. Please include volunteer experience also.)

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<tr>
<th>From (Mo-Yr)</th>
<th>To (Mo-Yr)</th>
<th>Job Title or Occupation</th>
<th>Employer Name and Address</th>
<th>Phone Number</th>
<th>May we contact Employer?</th>
<th>Description of Duties</th>
<th>Rate of Pay</th>
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**A. Are you legally eligible to work in the U.S.?**

- Yes
- No

(Proof of eligibility to work will be required upon employment)

**B. Please note additional information you feel is appropriate**

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**C. Within the past five years, have you been convicted of or completed incarceration for conviction of a misdemeanor (except a first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace)?**

- Yes
- No

If yes, please explain

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**D. Have you ever been convicted of a felony?**

- Yes
- No

If yes, please explain

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I hereby certify that all information provided herein is true, correct, and complete. If employed, I understand that any falsification or omission of fact on this application may result in my dismissal. I understand that acceptance of this application does not constitute a contract. If hired, employment is at will and can be terminated at any time with or without cause, and without prior notice.

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Utica College is a drug-free workplace, and prohibits the use of illegal drugs in the workplace.

**Signature of Applicant**

__________________________  **Date**__________________________

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**cbs 6/09**