

**CORNERSTONE UNIVERSITY
CAMPUS EMPLOYMENT APPLICATION**
(Please Print)

Position or Department Desired _____

Date _____ Semester Applying For: Fall Spring Summer

Last Name _____ First _____ Middle Initial _____

Residence Hall _____ Room # _____ Box # _____ Phone _____ Voice Mail _____

E-Mail _____ Student I.D. # _____ Social Security # _____

Class Standing: FR SO JR SR Seminary

Home Address _____ Street _____ City, State, Zip _____ Home Phone _____

Complete the following information if applying for Food Service, Campus Safety, or Campus Services only.

Driver's License Number _____

Do you have any physical limitations (i.e., allergies, etc.) that preclude you from performing the work for which you are applying?

Yes No

If Yes, please describe _____

Do you have your own transportation? Yes No

Major _____ Vocational Interest _____ Credits This Semester _____

I am participating in: Band Chorale Chancel Athletics Hours Desired Per Week: _____

Would you be willing to be on-call for special events? Yes No

CLASS SCHEDULE

DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM							
PM							

Have you been employed on campus before? Yes No (If yes give location and supervisor's name)

Location _____ Campus Supervisor _____

