



## STUDENT EMPLOYEE APPLICATION SCHEDULE

*If you do not know your class schedule at this time, you may provide it later.*

\_\_\_\_\_  
Last Name, First, Middle Initial

Local Phone Number \_\_\_\_\_

\_\_\_\_\_  
Number of Hours Desired

Email

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7:30 - 8 am							
8 - 9							
9 - 10							
10 - 11							
11 - 12							
12 - 1							
1 - 2							
2 - 3							
3 - 4							
4 - 5							
5 - 6							
6 - 7							
7 - 8							
8 - 9							
9 - 10							
10 - 11							
11 - 12							

1. "X" OUT THE HOURS YOU HAVE CLASSES OR CANNOT WORK.
2. INDICATE THE HOURS YOU WOULD LIKE TO WORK. **SEMESTER THIS APPLICATION IS VALID.**