



## Student Assistant Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Declared Major: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ Class Level: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES NO

### Previous Employment/Volunteer

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
YES NO

May we contact your previous supervisor for a reference?

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
YES NO

May we contact your previous supervisor for a reference? YES NO

### How will this position advance your educational goals?:

**Other skills or strengths you can bring to the position:**

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**Work Availability Time(s)**

Monday:	Tuesday:
Wednesday:	Thursday:
Friday:	Saturday:
Sunday:	<b># Hours Available Per Week:</b>

Are you authorized to work in the United States? YES NO

**Disclaimer and Signature**

1. I HEREBY CERTIFY THAT ALL STATEMENTS ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDE AND BELIEF.
2. IF EMPLOYED, I UNDERSTAND THAT ANY FALSE INFORMATION ON THIS APPLICATION MAY BE CAUSE FOR IMMEDIATE TERMINATION.
3. I CONSENT TO THE RELEASE OF THIS INFORMATION TO THOSE WHO ARE INVOLVED IN THE EMPLOYMENT PROCESS.
4. I FURTHER UNDERSTAND THAT, IF OFFERED A POSITION, I MAY BE REQUIRED TO SUBMIT PROOF OF ENROLLMENT (6+UNITS FOR UNDERGRADUATES AND 4+ UNITS FOR GRADUATE STUDENTS).
5. VERIFICATION OF GOOD ACADEMIC STANDING (GPA=2.0) TO THE HIRING UNIT IS REQUIRED.
6. I UNDERSTAND THAT ENTERING MY NAME IN THE SIGNATURE SPACE BELOW INDICATES MY UNDERSTANDING OF AND AGREEMENT WITH THE STATEMENTS ABOVE.

Signature: \_\_\_\_\_ Otter ID: \_\_\_\_\_ Date: \_\_\_\_\_

**PERSON TO CONTACT IN CASE OF EMERGENCY**

Name: \_\_\_\_\_ Phone Number/Mobile Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

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