



Office of Human Resources

STUDENT EMPLOYMENT APPLICATION

Please print and complete

Department:	Describe work performed:	Type of employment: <input type="checkbox"/> Student Worker <input type="checkbox"/> Short-Term <input type="checkbox"/> Substitute <input type="checkbox"/> Other (Please specify)	Supervisor's name:
Name used while employed, if different from above:	Start date:	End date (Leave blank if still employed):	Total number of years and months:
Department:	Describe work performed:	Type of employment: <input type="checkbox"/> Student Worker <input type="checkbox"/> Short-Term <input type="checkbox"/> Substitute <input type="checkbox"/> Other (Please specify)	Supervisor's name:
Name used while employed, if different from above:	Start date:	End date (Leave blank if still employed):	Total number of years and months:
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OFF CAMPUS WORK EXPERIENCE

Employer Name:	Address:	City, State, Zip Code:	
Name Used While Employed:	Begin Date:	End Date (Leave blank if still employed):	Total Number of Years/Months:
Job Title:	Number of Hours Worked per Week:	Most Recent/Ending Salary:	Supervisor's Name:
Describe Work Performed:			

Employer Name:	Address:	City, State, Zip Code:	
Name Used While Employed:	Begin Date:	End Date (Leave blank if still employed):	Total Number of Years/Months:
Job Title:	Number of Hours Worked per Week:	Most Recent/Ending Salary:	Supervisor's Name:
Describe Work Performed:			

Employer Name:	Address:	City, State, Zip Code:	
Name Used While Employed:	Begin Date:	End Date (Leave blank if still employed):	Total Number of Years/Months:
Job Title:	Number of Hours Worked per Week:	Most Recent/Ending Salary:	Supervisor's Name:
Describe Work Performed:			



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Are you currently receiving any Federal and/or California financial assistance? ___ Yes ___ No
Type: ___ Federal Work Study ___ CalWORKS ___ Other (Please specify) _____
Do you have any relatives (related by blood or marriage) who are currently employed at Citrus College? ___ Yes ___ No
If yes, provide name, department, and position held.

REFERENCES (Please provide a minimum of two references other than relatives.)

Name of Reference:	Title:	Institution/Business:	Phone Number:
How do you know this reference?			
Name of Reference:	Title:	Institution/Business:	Phone Number:
How do you know this reference?			
Name of Reference:	Title:	Institution/Business:	Phone Number:
How do you know this reference?			

CERTIFICATION

Please be sure to read the following statements carefully and sign the application.

I certify that all of the information contained in this application is true and complete to the best of my knowledge and I understand that, if I am employed, any statements I have falsified on this application shall be grounds for dismissal.

I certify that I will be enrolled in the minimum number of units required to maintain eligibility to work on campus during the semester and/or intersession in which I am employed.

I hereby authorize this organization to investigate, through whatever means deemed appropriate, any information included in this application and all facts resulting from the investigation unless otherwise noted.

BY SIGNING BELOW, I certify that I have read and agree with these statements.

Applicant's Name

Applicant's Signature

Date