EASTERN MICHIGAN UNIVERSITY

COLLEGE OF TECHNOLOGY
Application for Student Employment

Name: _____ My.Emich Email: _____

Phone Number: _____ Student Number: E_____
Best Number to contact you

Current Address: _____

City: _____ State: _____ Zip: _____

Major: _____ Class: FR   SO   JR   SR   GR

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What would make you a good fit with the College of Technology?

_____

_____

_____

What skills do you have that may relate to the position for which you are applying?

_____

_____

_____

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Are you currently working for any other department on campus?   Yes   No

Do you currently have another job off campus?   Yes   No

Do you have work study funds?   Amount: _____   No

I certify that all information contained on this form is accurate.

Signature: _____ Date: _____

Office Use Only	**CH Enrolled:** _____ **GPA:** _____		
Work Study: _____	**I:9:** _____ **EM:** ____ **BGC:** ___	**Hire: Y N**	