



Psychology Clinic
Application for Student Employment

Name: _____ Student Number: E_____

E-mail: _____ Phone Number: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Major: _____ Class: FR SO JR SR

For which semester are you applying: Fall Winter Summer

Please list times that you will be **available** to work:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Please submit a copy of your student schedule with this application.

Why do you want to work at the Psychology Clinic?

Are you currently working for any other department on campus or do you currently have another job off campus? Yes No

Do you plan to pursue a graduate degree in Psychology or another related field? Yes No

Have you been awarded work study? Yes No

If yes, please indicate for which semesters. Fall Winter Summer

I certify that the information contained in this application is correct and complete to the best of my knowledge. I understand that any misrepresentation or omission of information on this application may be sufficient cause to disqualify applicant for employment, and/or grounds for termination if employed.

Signature: _____ Date: _____