



Student Employment Application

Date:

Name:

Email:

Home Address:

City, State, Zip:

Cell Phone:

Are you legally authorized to work in the United States?

Have you ever worked for the Faculty Student Association?

If yes, please give dates and location:

Work Preference Location

Cranston

Centre Pointe

Catering

Central Prep

Bookstore

Starbucks

Cafes

Tim Hortons

Schedule Information

Date available:

Please **select hours** your **AVAILABLE** to work

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

Education Information

High School:

Completed:

College:

Completed:

Employment History

| Employer | Work Performed | From Month/Yr | To Month/Yr | Reason for leaving |
|----------|----------------|---------------|-------------|--------------------|
| | | | | |
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FSA does not discriminate on the basis of race, sex, religion, national origin, age, sexual orientation, disability, or marital status in employment or services.

By signing this application, I understand that the Faculty Student Association may make inquiries from all (not just those listed) persons, schools, companies, law enforcement agencies with information about my suitability to perform the duties of the position I have applied for. I release all parties supplying said information from all liabilities and responsibility arising from their supplying said information. I understand that the information gathered may be shared with FSA supervisors and management. I understand that a false statement or concealment of facts may disqualify me from employment or result in my discharge if discovered after employment begins. If I accept an offer of employment, FSA does not create an implied or expressed contract of employment. The FSA specifically reserves the right to terminate employment at will.

Please type your First and Last Name

Electronic Signature:

Date:

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.