

# CLA-TV Studios

## Application for Student Employment

<b>Personal Data:</b>		Date
Name (last, first, middle)	Student ID Number	
Local Street Address		
City, State, and Zip Code	Phone Number	
Do You have an Answering Machine or Voice Mail?_____	e-mail Address	
Permanent Address, if different from above		

<b>Citizenship Status:</b>
U.S. Citizen__ Permanent Resident__ International Student__

<b>Current College Status:</b>
Freshman__ Sophomore__ Junior__ Senior__ Graduate Student__ Adult Special__

<b>Number of Classes registered for during:</b>	
Summer_____ Fall Semester_____ Spring Semester_____	Major

<b>Your Schedule:</b>	
Do you have another job?_____	Is it with the University?_____
How many hours a week do you work at your other Job?_____	
Are you available for 3-hour (or longer) blocks of time during: (Please specify time frames)	
Weekdays	
Evenings	
Weekends	

**Education/Training:**

Post-Secondary Student\_\_\_ High School Graduate\_\_\_

**Business, Trade, Vocational/Technical School:**

Name	Dates Attended	Course of Study	Degree Received Yes, Type_____
			No__

**College, University, or Professional School:**

Name	Dates Attended	Course of Study	Degree Received Yes, Type_____
			No__

Name	Dates Attended	Course of Study	Degree Received Yes, Type_____
			No__

**Knowledge, Skills, and Abilities:**

(Please check all that apply)

Data Entry___	Databases___	Copy Machine___
e-mail___	Macintosh___	Fax Machine___
Word-processing___	Desktop Publishing___	Multi-line Telephone___
HTML___	Programming___	IBM/Compatible___
Spreadsheets___	Internet___	

Do you have any Video Production experience?\_\_\_

Audio experience?\_\_\_

Theater?\_\_\_

Do you have any difficulty lifting or carrying heavy items or standing for long periods of time?\_\_\_

Do you have a valid Drivers License?\_\_\_

Why are you interested in this job?

What specific skills would you like to learn while working here?

What do you hope to do after graduation?

## Work Experience

Please list your most recent employers and work experience.

Employer

Supervisor's Name

Phone Number

Address

Experience

Employer

Supervisor's Name

Phone Number

Address

Experience

Employer

Supervisor's Name

Phone Number

Address

Experience

**Other relevant work experience, volunteer activities, training, licenses, or comments:**

**Read and sign.** To the best of my knowledge, the information included in this application is true. I understand that misrepresentation of facts in connection with my application may be sufficient cause for restriction for student employment services as well as termination when discovered. **I also understand that if I fail to register, fall below the required number of credits, or cancel my registration, my student appointment is no longer valid.** I authorize the University of Minnesota to investigate my past relevant employment and/or education history. I also authorize any persons, companies, corporations and/or education facilities with whom I have been associated to furnish the University of Minnesota with any information concerning my employment and educational background which they may have on record.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_