

SUMMER STUDENT EMPLOYMENT APPLICATION

PERSONAL INFORMATION						
LAST NAME	FIRST NAME		M.I.	STUDENT ID NUMBER - NOT SSN		
Have you ever worked for Denison during the summer? Y N		STUDENT STATUS: FRESHMAN SOPHOMORE JUNIOR		CIRCLE ONE		
If so, what department _____		E-MAIL ADDRESS				
Are you a dependent of a Denison Employee? Y N Name of Employee _____						
Are you enrolled in college for the Fall Semester? Y N If YES, where _____						
HOME ADDRESS			CAMPUS / LOCAL ADDRESS			
STREET			SLAYTER BOX			
CITY	STATE	ZIP	RESIDENCE HALL			
PHONE () -			PHONE () -			
EMPLOYMENT INFORMATION						
ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No		WHAT TYPE OF VISA DO YOU HOLD?				
WHICH POSITION(S) ARE YOU APPLYING FOR? WHAT DEPARTMENT(S)?					HOW MANY HOURS PER WEEK ARE YOU AVAILABLE TO WORK? WHAT DATE CAN YOU START?	
PLEASE INDICATE THE HOURS YOU ARE AVAILABLE TO WORK EACH DAY						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

PLEASE COMPLETE SECOND PAGE ON REVERSE SIDE

SPECIAL JOB SKILLS

SKILL	PLEASE DESCRIBE
<input type="checkbox"/> TYPING	
<input type="checkbox"/> COMPUTING	
<input type="checkbox"/> OTHER OFFICE MACHINES	

WORK RELATED EXPERIENCE / VOLUNTEER WORK

EMPLOYER NAME AND DEPARTMENT	JOB TITLE AND RESPONSIBILITIES	DATES EMPLOYED
		FROM:
		TO:
		AVG HRS PER WEEK
EMPLOYER NAME AND DEPARTMENT	JOB TITLE AND RESPONSIBILITIES	DATES EMPLOYED
		FROM:
		TO:
		AVG HRS PER WEEK
EMPLOYER NAME AND DEPARTMENT	JOB TITLE AND RESPONSIBILITIES	DATES EMPLOYED
		FROM:
		TO:
		AVG HRS PER WEEK

IMPORTANT - PLEASE READ AND SIGN BELOW

I HEREBY CERTIFY, THAT, TO THE BEST OF MY KNOWLEDGE, THE ANSWERS TO THE FOREGOING QUESTIONS AND STATEMENTS ARE TRUE AND CORRECT. IF ANYTHING CONTAINED IN THIS APPLICATION IS FOUND TO BE UNTRUE, I UNDERSTAND I WILL BE SUBJECT TO DISMISSAL AT ANY TIME DURING MY EMPLOYMENT. IF EMPLOYMENT IS OBTAINED UNDER THIS APPLICATION, I WILL COMPLY WITH ALL RULES AND REGULATIONS OF DENISON UNIVERSITY. **I ALSO AUTHORIZE MY FORMER EMPLOYERS TO RELEASE INFORMATION THEY MAY HAVE REGARDING MY EMPLOYMENT. I UNDERSTAND THIS APPLICATION IS VALID FOR ONE YEAR ONLY.** I FURTHER RELEASE AND AGREE TO HOLD HARMLESS MY PRIOR EMPLOYER AND ANY INDIVIDUAL PROVIDING INFORMATION HONESTLY AND IN GOOD FAITH FROM ALL LIABILITY FOR ANY CLAIM OR DAMAGE THAT MAY RESULT FROM FURNISHING SUCH INFORMATION. I UNDERSTAND THAT THIS APPLICATION DOES NOT CONSTITUTE AN EMPLOYMENT CONTRACT OR AN OFFER OF EMPLOYMENT. I FURTHER UNDERSTAND THAT THE STATE OF OHIO IS AN "AT WILL" EMPLOYMENT STATE AND IF I AM OFFERED A POSITION OF EMPLOYMENT, THAT MY EMPLOYMENT WILL BE "AT WILL" AND THAT EITHER I OR THE UNIVERSITY MAY TERMINATE THIS EMPLOYMENT AT ANY TIME FOR ANY REASON.

I UNDERSTAND THE FOLLOWING: DENISON UNIVERSITY DOES NOT ENGAGE IN DISCRIMINATION IN ITS EDUCATIONAL STUDENT LIFE AND EMPLOYMENT PROGRAMS, AGAINST STUDENTS, PROSPECTIVE STUDENTS, EMPLOYEES OR PROSPECTIVE EMPLOYEES, ON ACCOUNT OF RACE, COLOR, RELIGION, ETHNIC OR NATIONAL ORIGIN, AGE, PERSONAL DISABILITY, GENDER, SEXUAL PREFERENCE, OR VETERAN STATUS. THE UNIVERSITY COMPLIES WITH REQUIREMENTS OF TITLES VI AND VII OF THE CIVIL RIGHTS ACT OF 1964, THE AGE DISCRIMINATION ACT OF 1967 AS AMENDED, TITLE IX OF THE EDUCATIONAL AMENDMENTS OF 1972, THE REHABILITATION ACT OF 1973, THE VIETNAM ERA VETERANS READJUSTMENT ACT OF 1974, THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, THE AMERICANS WITH DISABILITIES ACT OF 1990 AND ALL OTHER APPLICABLE, FEDERAL, STATE AND LOCAL STATUTES, ORDINANCES, AND REGULATIONS.

PLEASE SIGN AND DATE HERE

SIGNATURE	DATE
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RETURN TO:
HUMAN RESOURCES OFFICE 3RD FLOOR DOANE ADMINISTRATION BUILDING