

CCSU Ruthe Boyea Women's Center Job Application

Name: _____ Student ID#: _____
School Address: _____
Home Address: _____
School Phone: _____ Home Phone: _____ Cell Phone: _____
School Email Address: _____ Personal Email Address: _____

Academic Standing: First-Year Sophomore Junior Senior Graduate
Major: _____ Minor: _____
Last Semester GPA: _____ Cumulative GPA: _____ Number of credit hours for the semester: _____

Available Hours to Work:

Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____

Prior Work Experience:

1) May we contact your Supervisor? Yes No

Job Title: _____
Employer: _____
Address: _____
Duties: _____
Supervisors Name: _____ Phone Number: _____

2) May we contact your Supervisor? Yes No

Job Title: _____
Employer: _____
Address: _____
Duties: _____
Supervisors Name: _____ Phone Number: _____

3) May we contact your Supervisor? Yes No

Job Title: _____
Employer: _____
Address: _____
Duties: _____
Supervisors Name: _____ Phone Number: _____

