Date:	
Hired by: _	
Date Hired	d:

University of Wisconsin-Manitowoc Student Employment Application

Name	Phone #
Address	Email
City	Zip Code
During which semester(s) do you want to work? [] Academic Year [] Semester 1 Only [] Se	mester 2 Only [] Summer
In what type of work are you most interested?	
Number of hours per week you are willing to work	::
Are you/will you be receiving financial aid? [] Ye	es [] No; Work-study? []Yes []No
Course of study/major	Number of credits enrolled this semester
Has a specific person asked you to work for her o	or him? If so, who?
Name	Department
Have you previously worked for UW-Manitowoc?	[] Yes [] No; If yes, when?
For whom?	Department
Black out the hours you are NOT able to work:	

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8 a.m.	-	•			•	-	•
9 a.m.							
10 a.m.							
11 a.m.							
Noon							
1 p.m.							
2 p.m.							
3 p.m.							
4 p.m.							
5 p.m.							
6 p.m.							
7 p.m.							
8 p.m.							
9 p.m.							

Please complete the reverse side of this form and return it to the Student Services Office.

Record of Employment (List preser	• ,	through
	Mo/Yr	
Duties:	(State)	wage
	(Daa'ii'aa)	
	(Position)	
	Mo/Yr _ (State)	-
Duties:	(State)	
Reason for Leaving		
Reference (Name)	(Position)	Phone
mployer 3	Mo/Yr	through_
Address (City)	(State)	Wage _
Outies:		
Reason for Leaving		
Reference (Name)	(Position)	Phone

For more information about student employment visit the campus web site: http://manitowoc.uwc.edu/admissions/paying/student-employment