## THE LEARNING CENTER STUDENT EMPLOYENT APPLICATION RECEPTIONIST/FRONT DESK STAFF

NAME				
ADDRESS				
CELL/LOCAL NUMBER				
STUDENT ID NUMBER		YEAR IN COLLEGE		
MAJOR	_MINOR	CUMULATIVE GPA		
TENTATIVE GRADUATION	DATE			
ARE YOU RECEIVING FINANCIAL AID IN THE FORM OF WORK STUDY?				
HOW MUCH WILL YOU BE RECEIVING?				
HOW MANY HOURS PER WEEK ARE YOU AVAILABLE?				

## \*PLEASE ATTACH CURRENT RESUME

NAME, NUMBER AND E-MAIL OF THREE REFERENCES/FORMER EMPLOYERS WE COULD CONTACT FOR MORE INFORMATION.

TELL US IN A SHORT PARAGRAPH ABOUT SKIL MAKE YOU A VALUABLE EMPLOYEE IN THE LE	
COMMUNICATION SKILLS, ATTENTION TO DET	
DEPENDABILITY, AND KNOWLEDGE OF SOCIAI	L MEDIA)
I authorize the Learning Center to verify any past work understand that the Coordinator will review my transcri	= = = = = = = = = = = = = = = = = = = =
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understand that the Coordinator will review my transcri	pt as part of my application.
understand that the Coordinator will review my transcriptions and the Signature  Signature  Please return to:	pt as part of my application.
understand that the Coordinator will review my transcriptions and the Coordinator will review my transcriptions.  SIGNATURE  Please return to: Sherri Arendt University of Wisconsin-Green Bay	pt as part of my application.
understand that the Coordinator will review my transcription.  SIGNATURE  Please return to: Sherri Arendt	pt as part of my application.

Please include your class schedule.