



NAME _____ DATE _____

PERMANENT ADDRESS _____

CITY/ST/ZIP _____ PHONE # _____

LOCAL ADDRESS _____

CITY/ST/ZIP _____ PHONE # _____

EMERGENCY CONTACT _____ PHONE # _____

COLLEGE _____ MAJOR _____

Are you an OSU STUDENT ___ Yes ___ No Eligible for Work Study ___ Yes ___ No

Have you ever received an OSU PAYCHECK before this position? ___ Yes ___ No

If yes, what department? _____

WORK EXPERIENCE/REFERENCES

WEEKLY SCHEDULE (List days and times available to work)

Shifts most needed are: Day Program (7-10, 10-3, 12-3, 1-6, 3-6), Evening Program (6-8p, 6-9p, 6-10p)

	Day of the week	Start Time	End Time	Total Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
TOTAL				

Date available to begin employment _____

*****OFFICE USE ONLY*****

INTERVIEWER _____ DATE _____

NOTES _____

TITLE: CLASSROOM AIDE _____ HOURLY RATE: _____

DATE OF HIRE _____ BEGINNING DATE _____

WORK SCHEDULE _____



DATE ATTENDING ORIENTATION