

## Springfield College Student Employment Application

All sections of this application must be fully completed. Persons with disabilities who need assistance during the application process should contact the Office of Student Employment at (413) 748-3223

<b>Application Date:</b> _____	<b>Student ID:</b> _____
<b>Name:</b> _____	
(Last)	(First)
(M.I)	
<b>Cell Phone:</b> _____	<b>Email:</b> _____
<b>Local Address:</b> _____	<b>Permanent Address:</b> _____
<b>Are you legally eligible for employment in the United States?</b> Yes    No    Don't know <i>I understand that I will have to produce documentation verifying identity and employment eligibility in the U.S.</i>	
<b>Do you have a valid U.S. Driver's License:</b> Yes    No    License#    State:	
<i>Employment is contingent upon proof of citizenship or authorization to work in the United States.</i>	

<b>Current class year:</b> _____	<b>Major:</b> _____
<b>Do you have Federal Work Study?</b> YES    NO	<b>Award amount:</b> _____
<b>Have you ever worked for Springfield College?</b> YES    NO	
<b>If yes, Department Name:</b> _____	<b>Supervisor Name:</b> _____

**Computer/Technology Skills:**

Please list specific computer skills, software, web services, Microsoft Excel and Word, Canva etc.

**Certifications/Credentials:**

Include CPR & AED, First Aid, EMT, ACE, NSCA, MTEL, water safety, foreign language, writing, research, clerical, tutoring, etc.

**Employment History:** (current and previous list most recent first)

Employer:	Position:	Dates of Employment	Job Responsibilities	Supervisor Name	Telephone
1.					
2.					
3.					

**Class Schedule for \_\_\_ Fall \_\_\_ Spring (please check):**

Monday	Tuesday	Wednesday	Thursday	Friday

**Availability to Work in Office (Please specify the hours you are available to work below):**

	From:	To:
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Are you available to work during the winter break? \_\_\_\_\_

Are you available to work during the spring break? \_\_\_\_\_

**Professional References**

Please give the name, position/title, and current telephone number of three supervisors who have knowledge of your character, experience and ability (no relatives or friends).

Name:	Position/Title:	Telephone#
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Please read the following before signing:**

Springfield College is committed to enhancing diversity and equity in education and employment. To that end, the College welcomes candidates from all backgrounds and lived experiences, who will contribute to a culture of inclusion and respect. For more information about Springfield College's position on diversity and inclusion, please visit our Office of Campus Life & Inclusion.

The statements in this application are true, correct and complete. I understand any misrepresentation or omission of information on this application shall be considered sufficient reason for withdrawal of an offer or subsequent termination of employment.

I authorize investigation of all the statements herein and release Springfield College and all others from liability in connection with the same.

I hereby authorize Springfield College to contact stated references and or current and previous listed Employers.

All employment is subject to semester review and /or ongoing satisfactory performance.

By signing this application, I am verifying that the information provided is true and correct to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_