

Syracuse University Bookstore Employment Application

Name: _____ SU ID#: _____

Campus Address: _____ Campus Phone #: _____

Email Address: _____

Permanent Address & Phone: _____

Are you currently registered for classes at SU? Yes No Major: _____

Do you have College Work-Study grant? Yes No Grant Amount: _____

Are you under 18 years of age? Yes No If yes, indicate birthdate: _____

Employment Experience			
Employer	Dates		Work Performed
	From	To	
Address			
Job Title	Hrly Rate		
	Starting	Final	
Supervisor			
Reason For Leaving			

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Have you ever worked for SU? Yes No

If yes, Indicate locations: _____

Do you have any medical limitations which would restrict your performance of the job or jobs for which you are applying? Yes No

If yes, please explain: _____

Date you are available to start: _____

Describe any special training or courses you have completed: _____

Academic Honors, scholarships, fellowships: _____

In what area of the Bookstore would you like to work? _____

State any other information you feel may be helpful to us in considering your application: _____

Store hours are subject to change for special events

Schine Student Center Bookstore Hours of Operation

Monday - Friday 8:30 AM to 6:00 PM

Saturday 12:00 PM to 5:00 PM

Sunday 12:00 PM to 11:00 PM

Hours for branch stores in residence halls are available at <http://bookstore.syr.edu>

Please indicate the hours that you are available to work:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

I am verifying that all information is accurate to the best of my knowledge.

I understand that misrepresentation of any statement on this form is cause for dismissal if employed.

Signature Date