

Date: _____

Information will be kept on file for no longer than 3 months.

Hours per week desired (max 20): _____

General Campus Scholarship
Work Study Other _____

In which area(s) would you like to work (indicate preference, 1 being 1st, 2 being 2nd, etc.):

_____ Equipment Desk _____ Fitness Center _____ Climb Wall _____ Other _____

_____ Group Fitness (classes: _____) _____ Intramurals (sports: _____)

Last Name	First Name	MI	Birthdate (optional)
SSN	APSU Banner ID	Primary Phone	Alternate Phone
APSU Email	Alternate Email	Major (optional)	
Local Address	City	Zip	Permanent Phone
Permanent Address	City	State	Zip
Emergency Contact	Emergency Phone	Relationship	

Related Certifications/Experience (if applicable) or other notes:

To submit this form electronically, save it to a file; then email it as an attachment to peayrec@apsu.edu.

For Office Use Only	Hire: <input type="checkbox"/> Y <input type="checkbox"/> N	Paperwork to Submit	Employee Orientation	Other:
	Date:	<input type="checkbox"/> W-4	Date: _____	
	Position:	<input type="checkbox"/> I-9	<input type="checkbox"/> Shirts (Size)	
	Pay Rate:	<input type="checkbox"/> IDs	<input type="checkbox"/> Handbook	
	Staff Initials:	<input type="checkbox"/> HR Student Appl'n.	<input type="checkbox"/> Travel Waiver	
	<input type="checkbox"/> Database Entry	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Employee Agreement	
<input type="checkbox"/> Copies of Cert(s)	<input type="checkbox"/> Student Employment Referral/Data Entry	Staff Initials:		