



# ACADEMIC SKILLS FRONT DESK WORKER APPLICATION

NAME: \_\_\_\_\_ St. ID: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

CAMPUS ADDRESS \_\_\_\_\_ CAMPUS PHONE ( ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Are you currently employed at USI?    Yes    No        If yes, what department? \_\_\_\_\_

Grade in School: \_\_\_\_\_ Date Available to work: \_\_\_\_\_

Indicate below the times you will be available to work.

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>8 - 9</b>					
<b>9 - 10</b>					
<b>10 - 11</b>					
<b>11 - 12</b>					
<b>12 - 1</b>					
<b>1 - 2</b>					
<b>2 - 3</b>					
<b>3 - 4</b>					
<b>4 - 5</b>					CLOSED
<b>5 - 6</b>					CLOSED

### References

*List references who **are not** former employers or relatives.*

	NAME	OCCUPATION	ADDRESS	TELEPHONE
1				
2				
3				

### Clerical Skills

- Typing Words Per Minute \_\_\_\_\_
- Word Processing (circle programs used)      Microsoft Word      WordStar      WordPerfect
- Spreadsheet Program (circle programs used)      Microsoft Excel      Access      Lotus
- Telephone operator or Receptionist
- Multi-Function Copy Machine
- Fascimilie Machine

Specify other skills or experiences you feel may be pertinent to this position: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Employment History**

EMPLOYER	Phone	Summary of Duties		
Street Address		Reason for leaving		
City	State	Zip	Employed From:	Mo.      Yr:
Immediate Supervisor		To:	Mo.	Yr.
Job Title		May we contact?      Yes      No		
EMPLOYER	Phone	Summary of Duties		
Street Address		Reason for leaving		
City	State	Zip	Employed From:	Mo.      Yr:
Immediate Supervisor		To:	Mo.	Yr.
Job Title		May we contact?      Yes      No		
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City	State	Zip	Employed From:	Mo.      Yr:
Immediate Supervisor		To:	Mo.	Yr.
Job Title		May we contact?      Yes      No		

**Please read the following and sign your name below.**

I certify that answers given herein are true and complete to the best of my knowledge. I understand that if I am employed, falsified statements on this application shall be considered sufficient cause for dismissal. I authorize you to make investigations and inquires of my personal or employment history as may be necessary in arriving at an employment decision. The information provided is the property of the University and will be held confidential.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_