



USI ACADEMIC SUCCESS CENTER

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.

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

References

List references who are not former employers or relatives.

	NAME	OCCUPATION	ADDRESS	TELEPHONE
1				
2				
3				

Clerical Skills

<input type="checkbox"/> Typing Words Per Minute _____	Microsoft Word	WordStar	WordPerfect
<input type="checkbox"/> Word Processing (circle programs used)	Microsoft Excel	Access	Lotus
<input type="checkbox"/> Spreadsheet Program (circle programs used)			
<input type="checkbox"/> Telephone operator or Receptionist			
<input type="checkbox"/> Multi-Function Copy Machine			
<input type="checkbox"/> Facsimile 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
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

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 inquiries 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 _____