

DIGIPEN INSTITUTE OF TECHNOLOGY

Student Employment Application



APPLICANT INFORMATION (PLEASE PRINT NEATLY)

Last Name	First	M.I.	Date
Local Street Address			Apartment/Unit #
City	State		ZIP
Phone	DigiPen or Alt. E-mail address if not DP student _____ @digipen.edu		
Date Available	Social Security No. (optional now, required if hired)		Are you 18 years of age or older? (indicate yes or no)
Position Applied for	Department:	Course #:	Instructor/Supervisor:
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for DigiPen?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	

EDUCATION

Current Major	Class Standing	Freshman	Sophomore	Junior	Senior	Grad Student
Skills		List skills pertinent to position you are applying for				

REFERENCES (PLEASE COMPLETE THIS SECTION ONLY IF YOU HAVE NOT WORKED FOR DIT BEFORE)

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT (PLEASE COMPLETE THIS SECTION ONLY IF YOU HAVE NOT WORKED FOR DIT BEFORE)

Company		Phone ()	
Address		Supervisor	
Job Title			
Responsibilities			
From To			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title			
Responsibilities			
From To			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title			
Responsibilities			
From To			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title			
Responsibilities			
From To			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

ADDITIONAL SPACE FOR ANSWERS (IF NEEDED)

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. Furthermore, I grant DigiPen's Human Resources department permission to check my student records to evaluate my candidacy for employment.

Signature	Date
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