

Facilities Management Student Employment Application

Revised: August 3, 2012

Semester Applying	g For: 🗆 Fa	all 🗆 S	Spring	9 🗆 9	Sumn	ner Are you eligible for Work Study?		l No
What position(s) d	lo you wish to b	e consider	ed fo	r:		Most Recent Work Study Award:		
☐ Maintenance	☐ Custodial	□ Other						
★★★★★★★ Student Informatio			* * *	***	* *	******	* * *	7 * *
Name:						ISU ID#:		
E-Mail:					_	Cell Phone:		
Current Address:					_	Home / Permanent Address:		
Street Address:						Street Address:		
City, State Zip:						City, State Zip:		
Current Phone:					_	Home Phone:		
Class Status: □		SO			_	Major:		
		Grad				Cum GPA:		
Are you at least 19			_	1 Voo	_	No. when will you turn 192:		
Are you at least 18 Do you have a vali	-	oneo?				No – when will you turn 18?: No		
_			_		_	nce, paid a fine, served probation or pled		
If no, please respond considered in relation	d not applicable (V/A). A crimi	inal re	cord is not	t an al	ations? If yes, for what, where, and when? bsolute bar to employment but will only be		No
Have you ever been please provide comp	•	•				ily separated from employment? If yes, t applicable (N/A).		No
***** Employment Exper					* *	****	* * *	7 🛠 🛠
Business Name:						Business Phone:		
Position Held:						Supervisor Name:		y we act this
Dates Employed:	From -	To -	_			Reason for Leaving:	emp	loyer?
Responsibilities:								res (
	-							No
	-							
Business Name:						Business Phone:	Mo	ıv we
Position Held:						Supervisor Name:	conta	act this
Dates Employed:	From -	To -	•			Reason for Leaving:	emp	loyer?
Responsibilities:						-		Yes
								No

Relationship: * * * * * * * * * Availability - Please Office Hours Academic Year	Time 7:30 AM - 8:00 AM			E-mail: Daytime F E-mail: ★★★★★						
Academic Year	Time 7:30 AM - 8:00 AM	ailable to wo		E-mail:						
Relationship: ****** Availability - Please Office Hours Academic Year	Time 7:30 AM - 8:00 AM	ailable to wo		E-mail:						
Academic Year	Time 7:30 AM - 8:00 AM	ailable to wo								
Availability - Please Office Hours Academic Year	Time 7:30 AM - 8:00 AM	ailable to wo		***						
Office Hours Academic Year	Time 7:30 AM - 8:00 AM		rk.		***	* * * * *	***	***		
Academic Year	7:30 AM - 8:00 AM	Monday								
Academic Year 8:00 AM – 5:00 PM			Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
Academic Year 8:00 AM - 5:00 PM										
8:00 AM – 5:00 PM	8:00 AM - 8:30 AM									
	8:30 AM - 9:00 AM									
	9:00 AM - 9:30 AM									
	9:30 AM - 10:00 AM									
Summer	10:00 AM - 10:30 AM									
7:30 AM – 4:00 PM	10:30 AM - 11:00 AM									
	11:00 AM - 11:30 AM									
	11:30 AM - 12:00 PM									
	12:00 PM - 12:30 PM									
	12:30 PM - 1:00 PM									
	1:00 PM - 1:30 PM									
	1:30 PM - 2:00 PM									
	2:00 PM - 2:30 PM									
	2:30 PM - 3:00 PM									
	3:00 PM - 3:30 PM									
	3:30 PM - 4:00 PM									
	4:00 PM - 4:30 PM									
	4:30 PM - 5:00 PM									
	5:00 PM - 5:30 PM									
	5:30 PM - 6:00 PM									
			· L	1						
Do you work for ar	ny other ISU office or d	epartment?	□ No	□ Yes – W	here:					
ISU students may not exc	eed a combined total for all can	npus employmer	nt of 20 hours pe	r week during the	academic year an	d 40 hours per v	veek during the s	ımmer.		
Are you willing to	work during the follow	ing breaks?	(Check if Ye	es) 🗆 Th	nanksgiving	☐ Win	iter 🗆	Spring		
A A A A A A		A A A A A		A A A A A	A A A A A	A A A A				
***	***	* * * * *	* * * * *	***	* * * * * *	***	* * * * * * * *	***		
Application Agreen	nent and Signature									
	uthorize Iowa State University	, to uso the inf-	rmation and -t-	atomonte conteir	od in this ann!:	tion to datar	no my avalificati	one for		
	thorize Iowa State University									
	nd eligibility for rehire. In addi	-	•		·					
referrals from pre	• ,	•		•			,			
 I understand that 	a comprehensive background	d check may be	conducted to de	etermine my eligi	bility for hire. Th	is may include	but is not limited	to: verification		
_	igations of criminal and/or co		_	_			•	•		
=	versity policies. I also underst						-	-		
· ·	rstand that offers of employm are contained in the Iowa Sta				•	successful com	pietion of any co	riditions of		
	te University, as well as other	-				d. from any clai	ms I may have o	n the		
	ion to conduct a reference or	•			_	., o arry clar	i iii ay ii ave oi			
	atements made in my applica	=		=		rial information	or provided fals	e or misleading		
•	derstand that any material on		•		•		•	_		
	begin employment, may resu	•								
=	abide by the policies of Iowa		у.							
 I certify that I hav 	e read, and agree with, these	statements.								
				_						
Applicant Signatur	e:			Date:						

Mail: Department of Residence 0347 Helser Hall Ames, IA 50012 Please return your **SIGNED** application to: Phone: 515-294-1300