ST. LAWRENCE UNIFERSITY

Compus Dhone #			_ Class Year:
_			il: :
1.) Do you have a experience usi		al skills? If yes, please de	scribe your work/school related
• Typing:	Yes No - Experience	ce:	
• Filing:	Yes No - Experience	p:	
• Computer:	□Yes □ No - Experi	ence:	
• Phone:	Yes No - Experience	2:	
- Dlagge list	ony additional abillar		
Please list	any additional skills:		
2.) Please list any	y/all times you would be a		Evening
	y/all times you would be a Morning	vailable to work. Afternoon	Evening
Monday			Evening
Monday Fuesday			Evening
Monday Fuesday Wednesday			Evening
Monday Fuesday Wednesday Thursday			Evening
Monday Tuesday Wednesday Thursday Friday			Evening
Monday Tuesday Wednesday Thursday Friday Saturday			Evening
Monday Tuesday Wednesday Thursday Friday			Evening
Monday Tuesday Wednesday Thursday Friday Saturday Sunday		Afternoon	
Monday Tuesday Wednesday Thursday Friday Saturday Sunday 3.) Are you curre	Morning	Afternoon t Employment position at	SLU? □Yes □ No

Employer	Job Title	Duties Performed
If yes, please e		oosition that required confidentiality?
.) Do you qualify	y for rederal work study?	i les 🗀 No
.) Would you be	available to work during brea	aks or during the summer? \square Yes \square No
.) Please list any	extra-curricular activities yo	u are involved in:
.) Please list any	extra-curricular activities yo	u are involved in:
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	extra-curricular activities yo	

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