

**St. Lawrence University
Canaras Student Staff Associate
Application for Employment**

**Return Application along with One Page Statement
to Dining & Conference Services Office by February 21, 2020**

(Please Print or Type)

Date of Application _____

Name _____
(Last) (First) (Middle)

SLU Address _____ CELL Phone # _____
(CMR #)

Home Address _____
(Street) (City) (State) (Zip Code)

Home Telephone () _____ E-mail Address _____

SLU ID #: _____

Are you employed on campus now? ___ Yes ___ No

May we contact your present employer? ___ Yes ___ No

If No, have you ever been employed at St. Lawrence? ___ Yes ___ No

Are you available to work from
Monday, May 18, 2020 until Sunday, August 16, 2020? ___ Yes ___ No

If you are unable to work the dates listed above, please explain.

Do you have a valid driver's license? ___ Yes (Preferable) ___ No

Are you approved to drive a St. Lawrence University Vehicle? ___ Yes ___ No
Ability to obtain driver license and become a certified driver is required.

Please give the name, address and telephone number of 2 references who are not related to you and are not previous employers: _____

EMPLOYMENT EXPERIENCE

(List in order)

1. Employer: _____
Address: _____
Job Title: _____ Supervisor: _____
Dates Employed: _____ Reason for Leaving: _____
Work Performed: _____

2. Employer: _____
Address: _____
Job Title: _____ Supervisor: _____
Dates Employed: _____ Reason for Leaving: _____
Work Performed: _____

3. Employer: _____
Address: _____
Job Title: _____ Supervisor: _____
Dates Employed: _____ Reason for Leaving: _____
Work Performed: _____

Summarize special skills and qualifications acquired from employment or other experience:

EDUCATION

High School Name: _____

Degree/Diploma: _____ Year: _____

Describe Course of Study: _____

Post-Secondary School Name (if applicable): _____

Degree/Diploma: _____ Year: _____

Describe Course of Study: _____

College/University Name: _____

Degree/Diploma: _____ Year: _____

Describe Course of Study: _____

List any Honors Received:

Please state any additional information you feel may be helpful to us in considering your application.

AGREEMENT

I hereby authorize investigation of all statements in this application. I certify that such statements are true and understand that misrepresentation or omission of facts called for in this form is cause for termination of employment without notice. I hereby also agree to hold St. Lawrence University harmless in divulging the information contained in this application form as well as any personal records developed as a result of employment with St. Lawrence University.

Applicant's Signature _____ Date _____