

Student Computing Services

University of Kentucky
B-24 A Young Library
Lexington, KY 40506-0456
(859) 257-9296

Today's date: _____
(This application expires in 60 days from today's date)

Student Employment Application

Name: _____ Preferred E-mail Address: _____
Last First

University Identification #: _____ Link Blue ID: _____

Local Address: _____
Street, Apt, City, State, Zip Code Area Code Telephone Number

Permanent Address: _____
(If Different from Local Address) Street, Apt, City, State, Zip Code Permanent Telephone Number

Major: _____ Projected Graduation Date: _____ Desired number of hours per week: _____

- Are you a fulltime student? YES NO
- Are you classified as work study? YES NO
- Are you a U.S. Citizen Permanent Resident Other If Other, please list Visa type: _____
- Have you ever been convicted of a felony? NO YES If yes, please provide date, city, county, state and nature of each conviction: _____
- Are you currently employed by another department on UK's campus? YES NO
- If yes, which department: _____ Number of hours worked per week: _____
- Have you been previously employed by any department at UK? YES NO
- If yes, please list department(s) dates of employment and Supervisor: _____
- Please list any relatives or friends who work for Student Computing Services: _____

Please list your employment history below. (When listing previous employment please provide employer name and phone number). Also, list application software and operating systems that you are proficient in using and/or would feel comfortable teaching to another person.

Previous Work Experience: _____

Operating Systems and Software: _____

Other: _____

OVER

Work Schedule

Please fill in the blocks that you are available to work with an 'X'. Fill in your class schedule with a 'C'. This is for the _____ Semester.

	S	M	T	W	T	F	S
12 am-4 am							
4 am-8 am							
7 am							
8 am							
9 am							
10 am							
11 am							
12 pm							
1 pm							
2 pm							
3 pm							
4 pm							
5 pm							
6 pm							
7 pm							
8 pm							
9 pm							
10 pm							
11 pm							
	S	M	T	W	T	F	S

Please indicate first, second and third lab choice

- | | | |
|------------------------|-----------------------|----------------------|
| ___ Agriculture | ___ Architecture | ___ Business & Econ. |
| ___ CARES | ___ Civil Engineering | ___ CS Lab |
| ___ Education | ___ EWL | ___ Fine Arts |
| ___ Human Env. Science | ___ JAT | ___ King |
| ___ Mechanical Engr. | ___ Nursing | ___ Young |
| ___ No Preference | | |

(This does not imply placement in a preferred lab but consideration will be given.)

Please read the following carefully then sign in the space provided.

I understand that student employment with Student Computing Services is contingent upon being a full time student (as defined by the University Registrar). If a student drops to less than full time status, the Public Services Manager must be notified. I understand that this position is classified as part-time temporary employment.

I understand that student employees are required to read electronic mail and respond within 24 hours if indicated, because much of the information needed while employed with Student Computing Services will be relayed via electronic mail.

I certify that all the information in this application is true, complete and correct to the best of my knowledge; and I understand that any material omission, misrepresentation or falsification of this information is grounds for dismissal from or refusal of employment. I hereby authorize investigation of all statements contained in this application. It is my understanding that, if hired, my continued employment would be contingent upon my adhering to the rules, regulations, policies and procedures in effect, and failure to do so can result in my termination without notice.

Applicant's Signature

Date

Please describe why you want to work for Student Computing Services.
