



Student Employment Application

Please submit this application to **each department/area** in which you wish to apply to work. You must submit a separate application for each position. The department will keep this application.

STUDENT INFORMATION

Last Name	First Name	Middle Initial
Mailing Address While at NWC		
City	State	ZIP
E-mail address		Phone/cell number

DEPARTMENT IN WHICH APPLYING

Position applying for	Department	Supervisor name
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PAST WORK EXPERIENCE

EMPLOYER NAME & PHONE #	POSITION HELD	DUTIES	DATES OF EMPLOYMENT

REFERENCES

NAME	ADDRESS	CITY	STATE	ZPI	PHONE/CELL NUMBER

INDICATE WORKING HOURS AND DAYS AVAILABLE BY PLACING AN "X" IN THE TIME SLOT.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8-9am							
9-10am							
10-11am							
11am -12pm							
12-1pm							
1-2pm							
2-3pm							
3-4pm							
4-5pm							
Evenings							

By signing below, I acknowledge that all information supplied on this application is correct.

Student's Signature _____ Date _____