



Associated Students of PSU

Application for employment

DATE: ____-____-____

POSITION: **Senator**

FULL NAME: _____

PRESENT ADDRESS: _____

HOME PHONE: _____ MOBILE: _____

EMAIL _____

ALTERNATE EMAIL _____

DATE OF BIRTH: ____-____-____

AVAILABLE START DATE: ____-____-____

ARE YOU WILLING TO WORK WEEKENDS? YES/NO (please circle)

ARE YOU WILLING TO WORK EXTENDED HOURS? YES/NO (please circle)

ARE YOU WILLING TO BE CONSTANTLY AVAILABLE WHETHER BY PHONE OR EMAIL, WITHIN REASON? YES/NO (please circle)

Fall Term Availability						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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HAVE YOU EVERY BEEN CONVICTED OF A CRIME: YES / NO (please circle)
IF YES PLEASE EXPLAIN: _____

PAST ASPSU EXPIERENCE (YES/NO) If yes please explain: _____

ARE YOU PART OF ANY CLUBS OR ORGANIZATIONS AT PSU? IF YES, PLEASE EXPLAIN:

CLUB / ORGANIZATION _____

CURRENT POSITION _____

AMOUNT OF TIME AFFILIATED _____

MAJOR ACCOMPLISHMENTS _____

WHAT ARE YOUR TOP THREE GOALS FOR THIS NEXT YEAR?

1 _____

2 _____

3 _____

EDUCATION HISTORY

CURRENT GPA _____

MAJOR/S _____

SPECIAL SKILLS/CERTIFICATIONS _____

TYPE OF SCHOOL: _____

NAME OF SCHOOL: _____

MAJOR/S _____

LOCATION: _____

YEARS ATTENDED: _____

QUALIFICATION OBTAINED: _____

ANY ADDITIONAL COMMENTS OR INFORMATION THAT YOU FEEL IS PERTINENT TO THE POSITION YOU ARE APPLYING FOR?

