

UNLV Student Life

Student Employment Application

University of Nevada, Las Vegas
4505 S Maryland Pkwy, Box 452008
Las Vegas, NV 89154-2008
Student Life Scheduling & Conferences (702) 895-4449
Affirmative Action/Equal Opportunity Employer

POSITIONS AVAILABLE (Rank the positions you are interested in)

<input type="checkbox"/>	Client Services Manager	<input type="checkbox"/>	Client Service Team Member
<input type="checkbox"/>	Scheduling Assistant	<input type="checkbox"/>	A/V Tech Student
<input type="checkbox"/>	Reservation Assistant		

PERSONAL DATA

Name: _____ L #: _____

Local Address: _____

City: _____ State: _____ Zip: _____

Telephone Numbers: Day _____ Night _____

E-mail Address: _____

Current Class Standing: _____ Expected Graduation: _____ 20____

Major: _____ Current Number of Credit Hours: _____
(Required minimum: 6)

Is your cumulative GPA greater than or equal to 2.25? YES NO (Circle One)

AVAILABILITY INFORMATION

Have you worked at UNLV before? YES NO If yes, Where/When? _____

How many hours per week could you work? (Maximum 20 hours) _____

Semesters available for employment: (Circle all applicable) Fall Spring Summer

Date available to begin Employment: _____ Polo/T-shirt Size: _____

Do you currently receive Federal Work Study Grant? (Circle) YES NO

IMPORTANT: Please complete the availability grid on the back page of this application

APPLICABLE SKILLS

Please list any skills, university coursework and/or special training that is related to or qualifies you for the position(s) you are applying for: _____

If applicable, list any extracurricular activities and/or involvement (*at UNLV or in the Las Vegas Community*): _____

Special Training: (Please Circle if apply)

Are you CPR certified? YES NO Expires: _____ Agency: _____
Are you lifeguard certified? YES NO Expires: _____
Are you first aid certified? YES NO Expires: _____

EMPLOYMENT/VOLUNTEER HISTORY

List most recent or present first

Employer: _____ Your Title: _____

Address: _____ Supervisor: _____

_____ Telephone #: (_____) _____

Dates worked: _____ to _____ Salary: _____/hour

Duties: _____

Reason for Leaving: _____

Employer: _____ Your Title: _____

Address: _____ Supervisor: _____

_____ Telephone #: (_____) _____

Dates worked: _____ to _____ Salary: _____/hour

Duties: _____

Reason for Leaving: _____

Employer: _____ Your Title: _____

Address: _____ Supervisor: _____

_____ Telephone #: (_____) _____

Dates worked: _____ to _____ Salary: _____/hour

Duties: _____

Reason for Leaving: _____

REFERENCES

Please list one (1) character and two (2) professional references.

Name	Relationship	Telephone #
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Name	Relationship	Telephone #
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Name	Relationship	Telephone #
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PLEASE READ THE FOLLOWING BEFORE SIGNING

My signature on this application indicates that I understand and agree to the following condition:

I understand that the University will rely upon the information I have provided in this application and during my interview. I certify that I have had sufficient time to carefully fill out this application and that all directions were clear. I certify that the answers given herein are true and complete to the best of my knowledge and that my application does not contain any errors, omissions, misrepresentations, or any information which could be interpreted as misleading. I understand that any error, omission, misrepresentation, or misleading information in my application or interview(s) or during the application process will be grounds for termination of employment or rescinding the offer of employment.

I authorize the employers, schools, or persons named above to release to the University all information regarding my employment, character and qualifications, and agree to hold all persons who provide information to the University harmless with respect to the information they may give, receive or publish.

I understand that nothing contained in this employment application created a contract between the University and myself for employment or any other benefit. No promise regarding employment has been made to me and I understand that no such promise or guarantee is binding upon the University. If an employment relationship is established, I understand that my employment is at-will and my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the University or myself. I also understand that I am required to abide by all of the rules and regulations of the University and the State of Nevada.

Applicant's Signature

Date

*****IMPORTANT*****

PLEASE LIST YOUR AVAILABLE HOURS FOR THE FALL, SPRING, SUMMER SEMESTER

NAME _____ PHONE NO. _____

	Monday	Tuesday	Wednesday	Thursday	Friday
6:00 – 6:30 am					
6:30 – 7:00 am					
7:00 – 8:00 am					
7:30 – 8:00 am					
8:00 – 8:30 am					
8:30 – 9:00 am					
9:00 – 9:30 am					
9:30 – 10:00 am					
10:00 – 10:30 am					
10:30 – 11:00 am					
11:00 – 11:30 am					
11:30 – 12:00 pm					
12:00 – 12:30 pm					
12:30 – 1:00 pm					
1:00 – 1:30 pm					
1:30 – 2:00 pm					
2:00 – 2:30 pm					
2:30 – 3:00 pm					
3:00 – 3:30 pm					
3:30 – 4:00 pm					
4:00 – 4:30 pm					
4:30 – 5:00 pm					
5:00 – 5:30 pm					
5:30 – 6:00 pm					
6:00 – 7:00 pm					
7:00 – 8:00 pm					
8:00 – 9:00 pm					
9:00 – 10:00 pm					
10:00 – 11:00 pm					
11:00 – 12:00 am					

FOR DEPARTMENT USE ONLY