



PAUL QUINN COLLEGE

Work Program Office

Adams Administration Building, Suite 206
3837 Simpson Stuart Road · Dallas, TX 75241 · 214-379-5517

2016 - 2017 APPLICATION FOR ON-CAMPUS STUDENT EMPLOYMENT

STUDENT INFORMATION

STUDENT NAME		ARE YOU AN ATHLETE?	
		<input type="checkbox"/> NO	<input type="checkbox"/> YES, MY SPORT IS: _____
HOME ADDRESS (Street, City, State and Zip)	PHONE	NON-PQC EMAIL	
PREFERRED METHOD OF CONTACT	<input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/> OTHER _____		
DO YOU CURRENTLY HAVE AN OFF CAMPUS JOB?	HOW MANY HOURS OPER WEEK DO YOU WORK (OFF CAMPUS)?		
<input type="checkbox"/> NO <input type="checkbox"/> YES, I WORK FOR: _____			
TO THE BEST OF YOUR KNOWLEDGE, DO YOU HAVE ANY MEDICAL CONDITIONS THAT WOULD LIMIT THE TYPE OF JOBS YOU WOULD BE ABLE TO DO?			
<input type="checkbox"/> NO <input type="checkbox"/> YES If you answered "Yes", please include a doctor's note with this application.			
WHAT TERM ARE YOU APPLYING FOR?		<input type="checkbox"/> FALL 2016 <input type="checkbox"/> SPRING 2017	

WORK AND VOLUNTEER EXPERIENCE

Please attach a current résumé to this application. Be sure to include the following information:

- ◆ Previous and current work experience.
- ◆ Extracurricular activities.
- ◆ Volunteer and/ or leadership positions.
- ◆ Honors, awards, and certifications.

STUDENT SKILL SET

Review the list of skills below and mark each skill you possess. If a specific skill is not listed, mark "Other" and list the skill.

- | | | |
|--------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Computer Repair | <input type="checkbox"/> Office skills (i.e., filing, copying, typing) | <input type="checkbox"/> Cooking/ Food Preparation |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Customer Service |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Communication (Verbal) | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Communication (Written) | <input type="checkbox"/> Accounting/ Mathematics |
| <input type="checkbox"/> Video Recording | <input type="checkbox"/> Time-Management | <input type="checkbox"/> First Aid/ CPR Certification |
| <input type="checkbox"/> Athletic Training | <input type="checkbox"/> General Repair or Maintenance | <input type="checkbox"/> Other: _____ |

SHORT RESPONSE QUESTIONS

The Work Program Office wants to learn more about you, where you come from, and where you see yourself after Paul Quinn College. Use the space provided to answer the following questions. Please keep your responses under 250 words each.

1) What are your career goals?

2) Please answer one of the questions below.

a) What motivates you to do your best every day? **OR**

b) Describe a time you have overcome an obstacle. What did you learn from your experience?

FOR ADMINISTRATIVE USE ONLY

Carrington Plan

Yes

No

Athlete

Yes

No

HIRING

STUDENT NAME: _____ **STUDENT ID#:** _____

POSITION OFFERED	WORK STATION NAME	HOURS PER WEEK	WORK HOUR REQUIREMENT

PLEASE COMPLETE THE INFORMATION BELOW AFTER THE STUDENT IS ASSIGNED.

ONBOARDING PROCESS (Please check off as each task is completed)

- Reviewed Position Description
- Reviewed Performance and Work Station Expectations
- Reviewed Work Hour Requirement
- Created and Reviewed Work Schedule (see below)

WORK SCHEDULE

Utilize the grid below to create a work schedule with your supervisor. This grid is meant to be used as a guide. Your work schedule should be structured around classes, tutor sessions, or Carrington plan sessions.

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7:00 – 8:00							
8:00 – 9:00							
9:00 – 10:00							
10:00 – 11:00							
11:00 – 12:00							
12:00 – 1:00							
1:00 – 2:00							
2:00 – 3:00							
3:00 – 4:00							
4:00 – 5:00							
5:00 – 6:00							
6:00—7:00							
7:00—8:00							

Supervisor Signature: _____	Date: _____
Student Signature: _____	Date: _____