



EMPLOYMENT APPLICATION FORM

Note to all applicants: Please attach a copy of your class schedule with this completed form. Return completed form, your resume and class schedule to the Sports Facilities front desk located in RIMAC 4th floor.

Job Number: _____ Sports Facilities Position Title: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Permanent Address: _____

Local Address: _____

Phone Number: (_____) _____ E-Mail: _____

Relatives Employed at UCSD: Yes No

Name: _____ Relationship: _____ Department: _____

EMPLOYMENT HISTORY

Date Started (month/year)	Total Years/Months	Firm Name/Address		Position Title And Description Of Duties
Date Ended (month/year)		Supervisor		
	No. Hours Per Week	Telephone	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason For Leaving
Wage		Type of Business		

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Wage		Type of Business		

OTHER EXPERIENCES RELEVANT TO THE POSITION

Signature: _____ Date: _____