

Office Use Only
Received By:
Date:

Employment Application

Student Positions:

Applying for: (check all that apply) Date:
 Student Assistant I Student Manager
 Student Assistant II Specialty Expert (List Specialty: _____)

General Information:

Last Name: _____ First: _____ Middle: _____

Nickname: _____ Date of Birth: _____ Social Security Number: _____

Email Address: _____ Home Phone: _____ Other Phone: _____

Local Address: _____

Permanent Address: _____

Class Standing:
 Freshman Sophomore Junior Senior Graduate

Enrollment Status:
 Full-Time Part-Time

Have you ever been employed by The Johns Hopkins University or Johns Hopkins Hospital?
 Yes No

Are you a Federal College Work-Study recipient?
 Yes No

Are you a U.S. Citizen?
 Yes No (If no, are you authorized to work in the United States? Yes No)

Person to contact in case of emergency (Include full name, phone numbers, and relationship): _____

List any customer service experience you have that would help with this position:

References:

List References who are familiar with you and your work. Please provide their name, position, address and phone number.

Academic (list 1-2):

Work (list 1-3):

Personal (list 1):

Other Information:

Describe recent relevant projects on which you have worked or any other information you feel may be useful:
(Please attach additional sheets if necessary. Please attach a résumé if you have one.)

Certification:

I authorize you to contact my former employers and or references: Yes No

Signature of Applicant

Date

The Johns Hopkins University is an equal opportunity, affirmative action institution and does not discriminate on the basis of race, color, sex, age, religion, homosexuality, national or ethnic origin, disability or veteran status in any student program or activity administered by

Johns Hopkins University

Digital Media Center

the university or in its admission or employment decisions. The Office of Student Employment and Payroll Services shares the university's commitment of nondiscrimination in employment practices.

I certify that I have read and understood all guidelines and policies listed above. I certify that all answers and responses are true and accurate to the best of my knowledge.

Signature of Applicant

Date