

Facilities Management Student Employment Application

Revised: August 3, 2012

Semester Applying For: Fall Spring Summer Are you eligible for Work Study? Yes No
 What position(s) do you wish to be considered for: _____ Most Recent Work Study Award: _____
 Maintenance Custodial Other _____



Student Information – Please print clearly.

Name: _____ ISU ID#: _____
 E-Mail: _____ Cell Phone: _____
 Current Address: _____ Home / Permanent Address: _____
 Street Address: _____ Street Address: _____
 City, State Zip: _____ City, State Zip: _____
 Current Phone: _____ Home Phone: _____
 Class Status: FR SO JR Major: _____
 SR Grad Cum. GPA: _____

Are you at least 18 years of age? Yes No – when will you turn 18?: _____

Do you have a valid US drivers' license? Yes No

Have you ever been convicted, received a deferred judgment or sentence, paid a fine, served probation or pled guilty or no contest of a felony or misdemeanor, including traffic violations? If yes, for what, where, and when? Yes No
 If no, please respond not applicable (N/A). *A criminal record is not an absolute bar to employment but will only be considered in relation to specific job requirements.*

Have you ever been terminated, discharged, dismissed, or involuntarily separated from employment? If yes, please provide company names and details. Yes No



Employment Experience – Please list most recent first.

Business Name: _____	Business Phone: _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Held: _____	Supervisor Name: _____	
Dates Employed: From - _____ To - _____	Reason for Leaving: _____	
Responsibilities: _____		

Business Name: _____	Business Phone: _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Held: _____	Supervisor Name: _____	
Dates Employed: From - _____ To - _____	Reason for Leaving: _____	
Responsibilities: _____		



Personal References – Please do not list relatives/family members.

Reference Name: _____

Daytime Phone: _____

Relationship: _____

E-mail: _____

Reference Name: _____

Daytime Phone: _____

Relationship: _____

E-mail: _____



Availability - Please mark times you are available to work.

Office Hours	Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Academic Year 8:00 AM – 5:00 PM	7:30 AM - 8:00 AM							
	8:00 AM - 8:30 AM							
	8:30 AM - 9:00 AM							
	9:00 AM - 9:30 AM							
Summer 7:30 AM – 4:00 PM	9:30 AM - 10:00 AM							
	10:00 AM - 10:30 AM							
	10:30 AM - 11:00 AM							
	11:00 AM - 11:30 AM							
	11:30 AM - 12:00 PM							
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	3:00 PM - 3:30 PM							
	3:30 PM - 4:00 PM							
	4:00 PM - 4:30 PM							
	4:30 PM - 5:00 PM							
	5:00 PM - 5:30 PM							
5:30 PM - 6:00 PM								

Do you work for any other ISU office or department? No Yes – Where: _____

ISU students may not exceed a combined total for all campus employment of 20 hours per week during the academic year and 40 hours per week during the summer.

Are you willing to work during the following breaks? (Check if Yes) Thanksgiving Winter Spring



Application Agreement and Signature

- I, the applicant, authorize Iowa State University to use the information and statements contained in this application to determine my qualifications for employment. I authorize Iowa State University to make inquiries of my former employers regarding my previous duties, responsibilities, performance, compensation, and eligibility for rehire. In addition, I authorize Iowa State University to conduct additional reference checks that may include reference referrals from previous employers.
- I understand that a comprehensive background check may be conducted to determine my eligibility for hire. This may include but is not limited to: verification of degrees, investigations of criminal and/or conviction records, driving records, and/or a drug screen test as required by U.S. Department of Transportation regulations or university policies. I also understand that medical, psychological and/or physical demands examinations may be required for certain positions. Therefore, I understand that offers of employment will be conditional and that my employment will depend on successful completion of any conditions of employment that are contained in the Iowa State University vacancy announcement or in university policies.
- I release Iowa State University, as well as other entities or persons from which information is sought or obtained, from any claims I may have on the University's decision to conduct a reference or background check or the consequences of that check.
- I certify that all statements made in my application are true and accurate, and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation may result in my disqualification from consideration for employment or, if discovered after I begin employment, may result in my termination.
- If hired, I agree to abide by the policies of Iowa State University.
- I certify that I have read, and agree with, these statements.

Applicant Signature: _____

Date: _____

Please return your **SIGNED** application to:

Mail: Department of Residence
0347 Helser Hall
Ames, IA 50012

Phone: 515-294-1300