

Wingate University Bookstore Employment Application

Personal Information:

Date Application Submitted: _____

Name: _____
(Last) (First) (Middle)

Present Mailing Address: _____
(Street) (City)

(State) (Zip Code)

Permanent Mailing Address: _____
(Street)

(City) (State) (Zip Code)

Local Phone Number: _____

Home Phone Number: _____

Cell Phone Number: _____

E-mail Address: _____

Job Information:

Are you 18 years of age or older?
(Yes) (No)

If you are **not** 18 years of age or older, do you have a work permit?
(Yes) (No)

Date you are available for work _____

Will you be available to work on Saturday?
(Yes) (No)

Will you be available for daytime summer work?
(Yes) (No)

As a Wingate University student, are you:
(Full-time) (Part-time)

Do you receive any financial aid in the form of work-study?
(Yes) (No)

Do you work for any other Wingate University Department?
(Yes) (No)

If so, which department? _____

What is the average number of hours you work for the above department? _____

General Information:

Are you a U.S. Citizen?
(Yes) (No)

If you are not a U.S. Citizen, are you legally authorized to work?
(Yes) (No)

Are you related, by blood or marriage, to any person currently employed by Wingate University?
(Yes) (No)

If so, please give the name, relationship, a department: _____
(Name)

(Relationship to you) (Department)

Have you ever been convicted of a crime other than a minor traffic violation?
(Yes) (No)
If so, please explain the circumstances of your conviction: _____

Education

High School Attended: _____
(Name)

(Street Address) (City) (State) (Zip Code)

Years Completed: 1 2 3 4

College Attended: _____
(Name)

(Street Address) (City) (Zip Code)

Years Completed: 1 2 3 4

Work History and Experience:

Position 1:

(Position Title) (Company Name)

(Street Address) (City) (State) (Zip Code)

Supervisor: _____

Duties: _____

Employed from _____ to _____
(mm / dd / yyyy) (mm / dd / yyyy)

Reason for leaving this position: _____

Position 2:

(Position Title) (Company Name)

(Street Address) (City) (State) (Zip Code)

Supervisor: _____

Duties: _____

Employed from _____ to _____
(mm / dd / yyyy) (mm / dd / yyyy)

Reason for leaving this position: _____

Class Schedule:

<u>Day</u>	<u>Time</u>
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Please print and mail completed form to:

**Cindy Jordan
Wingate University
Campus Box 3041
Wingate, NC 28174**

**Or Fax to: 704-233-8025
Attn: Cindy Jordan**