



DEPARTMENT OF
Residential Life
 Marketing and Conferences

Summer Conference Assistant
 Application for Employment

Name: _____ SS#: _____ - _____ - _____

Current Address: _____
Residence Hall or Street Name Box # or Apt. #

City _____ State _____ Zip _____ Local phone #: (____) - ____ - _____

Permanent Address: _____
Street Name Box # or Apt. #

City _____ State _____ Zip _____ Permanent phone #: (____) - ____ - _____

Cell phone #: (____) - ____ - _____ E-mail address: _____

What is your fall 2017 hall assignment? _____

Interested in working until the end of June only? ____ Interested in working the entire summer (through July)? ____

Employment history

Current / most recent position: _____

Employer name and address: _____

Beginning date: ____ / ____ / ____ Ending date: ____ / ____ / ____ Phone #: (____) - ____ - _____

Supervisor name: _____

Duties / responsibilities: _____

Previous position: _____

Employer name and address: _____

Beginning date: ____ / ____ / ____ Ending date: ____ / ____ / ____ Phone #: (____) - ____ - _____

Supervisor name: _____

Duties / responsibilities: _____

Education

College enrolled in: _____ Degree program / major: _____

Number of semesters at OSU (including present): _____ Anticipated graduation date: ____ / ____ / ____

Will you be taking classes this summer? Yes No If yes, list how many hours in the appropriate session(s):
 ____ in 8-week session ____ in 3-week session ____ in 1st four-week session ____ in 2nd four-week session

Please list any commitments you have for this summer that you cannot alter or that would require flexible hours.

Please initial by each appropriate response:

___ Yes ___ No I have read and understand the information presented in the position description.

___ Yes ___ No I am in good academic and disciplinary standing with both Residential Life and Oklahoma State University.

___ Yes ___ No I am applying for student staff position or I am a returning student staff member for the upcoming fall semester.

I certify that the information contained herein is accurate to the best of my knowledge. The Conference Services office has my permission to verify my academic and disciplinary standing with the University.

Signature of applicant

____/____/____
Date

Deadline for application is:

March 31, 2017.

Please return completed application to:

**Residential Life Marketing &
Conference Services**

086 Bennett Hall
Stillwater, OK 74078
osucnf@okstate.edu

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