

**Work-study Job Description Form  
University of the Incarnate Word**

**Department:**

**Location:**

**Supervisor:**

**Supervisor Phone:**

**Supervisor E-mail:**

**Job Title:**

**Hourly Pay Rate** *(cannot be updated mid-year):*

**How is the pay rate determined?** *(check all that apply)*

Experience

Grade Level

Other:

**Purpose/Role of the position:**

**General Length of FWS Agreement:**

Annual basis

Semester basis

**Job Description and General Duties:**

**Special Skills:**

**Community Service- Does this position perform any job duties that support the creation or execution of community service opportunities and/or events? – YES NO**

\*\*Supervisors: Please indicate if employee will be required to lift, stand for extended periods of time, wear closed shoes, uniforms, protective eyewear, etc.\*\*



# STUDENT ENGAGEMENT CENTER STAFF EMPLOYMENT APPLICATION

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

School ID No. \_\_\_\_\_ Major: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Are you a citizen of the United States?	<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	If no, are you authorized to work in the U.S.?	<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>
Have you been awarded work-study money?	<input type="checkbox"/>		<input type="checkbox"/>		If yes, how much:	_____			
Are you CPR/First Aid Certified?	<input type="checkbox"/>		<input type="checkbox"/>						
Are you a current UIW Athlete?	<input type="checkbox"/>		<input type="checkbox"/>		If yes, did you attach the NCAA Job Form?	<input type="checkbox"/>		<input type="checkbox"/>	

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Degree: \_\_\_\_\_

## References

*Please list three professional references. No family members, please*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_



# STUDENT ENGAGEMENT CENTER STAFF EMPLOYMENT APPLICATION

## Previous Employment

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

## Availability

Can you be on call? \_\_\_\_\_ CPR/First Aid Certified? \_\_\_\_\_

When could you start working? \_\_\_\_\_

Do you have a flexible schedule?  weekends  mornings (5:30 am to 8:00 am)  nights (10:00 pm to 12:00 am)

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email completed form to [swgray@uiwtx.edu](mailto:swgray@uiwtx.edu).