

Office of Residential Living 101 North 34<sup>th</sup> Street Philadelphia, PA 19104 Phone: 215.895.6155 Fax: 215.895.6225 www.drexel.edu/rlo

## Residential Living Employment Application

DREXEL E-MAIL:  CURRENT ADDRESS:			FIRST NAME:					
			DREXEL ID #:					
			PERMANENT ADDRESS:					
(CITY/TOWN)	(STATE)	(ZIP)	(CITY/TOWN	N)	(STATE)	(ZIP)		
CELL PHONE:			HOME PHONE:					
ACADEMIC STATUS:								
MAJOR:								
CO-OP CYCLE:								
ANTICIPATED TERM A	AND YEAR OF GR	ADUATION: _						

## PLEASE PROVIDE YOUR CLASS/CO-OP SCHEDULE:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7:00 AM					
7:30 AM					
8:00 AM					
8:30 AM					
9:00 AM					
9:30 AM					
10:00 AM					
10:30 AM					
11:00 AM					
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9:00 PM					
9:30 PM					

EMPLOYMENT STATUS: PART-TIME	☐ WORK STUD	Y				
IF WORK STUDY GRANT AMT. TOTAL \$		***		- Anna May		
DO YOU WORK ANYWHERE ELSE ON CAMPI	US? □ No	☐ YES IF	YES, WHERE?			
PLEASE SPECIFY YOUR AVAILABLE WORK (STUDENTS ARE EXPECTED TO WORK A MINIMUM OF I MONDAY:						
TUESDAY:						
WEDNESDAY:						
THURSDAY:		_	. •			
FRIDAY:	. <u></u>					
SATURDAY:						
SUNDAY:						
ARE YOU WILLING TO WORK ON SHORT NO WOULD YOU BE AVAILABLE FOR HOLIDAYS	•	S, CALL OU	TS)?	□ No		
WHAT PERSONAL SKILLS/ATTRIBUTES WOL	JLD YOU BRING	то тніѕ јо	B?			
		_				
	_			<del></del>		
HOW DID YOU LEARN ABOUT THIS POSITION  POSTED NOTICE	N?					
ON-CAMPUS JOB FAIR						
☐ FINANCIAL AID / HUMAN RESOURCES	NAME OF EMPLO	JIEE:				
OTHER:	<u></u>		· · · · · · · · · · · · · · · · · · ·			
		<del></del>				
LAST TWO EMPLOYERS						
NAME:	NAMI	E:				
ADDRESS:		ADDRESS:				
YPE OF WORK: TYPE OF WORK:						
SUPERVISOR:SUPERVISOR:						
TELEPHONE:						
REASON FOR LEAVING:	REAS	ON FOR LE	EAVING:			
OFFICE USE ONLY: Received by: Employer Comments:	Date:		Calhoun Kelly North RLO	Caneris Myers Race St Towers		
ì			Van R	Millennium		