



Student Employment Application

Student Employment at the University of Rochester
Career Center • Meliora Hall • Third Floor • RC Box 270028 • phone 275-2366 • fax 461-3093
www.rochester.edu/careercenter/seo

Requirements for Employment at the University of Rochester:

- You **must** be a **registered, full-time, matriculated student** at the University of Rochester
- An I-9 form **must** be completed before you begin work
- W-4 will also need to be completed and on file in the Payroll (PERC) Office (available at Student Employment)
- During the academic year, students may be regularly scheduled to work a **maximum** of 20 hours per week between **all** campus jobs

UR ID: _____ Name: _____

Year of Grad: _____ Degree Expected: _____ Major: _____ Minor: _____

Undergrad. Grad. Med. Student Are you at least 18 years of age? Yes No VISA Status _____

Campus Address: _____ Campus Phone: _____

City, State, Zip: _____ Home Phone: _____

Home Address: _____ Alternate Phone: _____

City, State, Zip: _____ E-mail: _____

Have you previously been employed by the University? Yes No *If so, in what department(s)? Give a brief description of responsibilities and reason for leaving.* _____

WORK EXPERIENCE

<u>Employer</u>	<u>Dates</u>	<u>Job Responsibilities/Reason for Leaving</u>
_____	_____	_____
_____	_____	_____

Do you have another campus job? Yes No *If yes, how many hours a week do you work?* _____

Position you are applying for: _____ Job #: _____

How did you hear about this job? _____

Have you been awarded Federal Work Study (FWS) for this academic year? Yes No

Amount Awarded \$ _____

Semesters desired for employment? Fall Winter Break Spring * Summer

** To work during the summer employment period, you must be registered full-time for summer courses or full-time for the upcoming fall semester. Students may work up to 40 hours per week during breaks and summer employment periods between **all** on-campus jobs.*

Date Available? _____ How many hours are you looking to work per week? _____

Please fill out the following chart to indicate when you would be able to work:

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
_____	_____	_____	_____	_____	_____	_____

Are you available to work rotating shifts? Yes No

Date: _____ Applicant's Signature: _____



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Technical Assistant

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SKILLS AND QUALIFICATIONS *(please fill out to the best of your knowledge and experience, all that apply):*

- | | |
|--|--|
| <input type="checkbox"/> Animal: Handling/Care | <input type="checkbox"/> Maintain Composure in Stress Situations |
| <input type="checkbox"/> Biochemical | <input type="checkbox"/> Maintenance, Test Equipment, Troubleshoot |
| <input type="checkbox"/> Cell Biology | <input type="checkbox"/> Microbiological |
| <input type="checkbox"/> Conversion of Documents | <input type="checkbox"/> Microscopy |
| <input type="checkbox"/> Create and Prepare Solutions | <input type="checkbox"/> Molecular Biological |
| <input type="checkbox"/> Cultural Sensitivity | <input type="checkbox"/> Patient Care |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Perform/Record Lab Tests and Analysis |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Research |
| <input type="checkbox"/> Electro-Mechanical | <input type="checkbox"/> Presentation Skills |
| <input type="checkbox"/> Flexibility | <input type="checkbox"/> Record/Code |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Supervision/Instruction of Student Staff |
| <input type="checkbox"/> Immunological | <input type="checkbox"/> Verbal Communication Skills |
| <input type="checkbox"/> Interpret Technical Data/Document Results | <input type="checkbox"/> Work in "Team" Setting |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Listening Skills | |

Special Licenses/Certifications:

Valid Drivers License: Yes No

List any languages that you can read or write:

Tell us about any other experience or special skills you may have.

Why are you interested in employment in our department?