

University of Central Florida



P.O. Box 163250, Student Union, Rm 312, Orlando, FL. 32816 www.studentunion.ucf.edu 407. 823.2117 Fax 407. 823.6483

PERSONAL INFORMATION: **Event Services Employment Application**

Full Name: _____	
Phone: _____	Email: _____
Have you worked for UCF before? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, when? _____	Where? _____
Have you been convicted of a crime other than non-criminal traffic violations? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please explain: _____	
For purposes of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.</i>	
Position Description: _____	
Do you have or are you eligible for Federal Work Study? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently certified in any of the following areas? <input type="checkbox"/> CPR <input type="checkbox"/> First Aid	Anticipated Graduation Date: _____
Current UCF class status: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate	

EMPLOYMENT HISTORY: Starting with your most recent or current employer.

Employer	Position/Job Duties	Dates Employed	Reason for Leaving
Company Name: _____ Phone: () _____ Supervisor: _____ Start Pay _____ End Pay _____			
Company Name: _____ Phone: () _____ Supervisor: _____ Start Pay _____ End Pay _____			

Why are you applying for a position at the Student Union? _____

REFERENCES:

Please provide two people who are not related to you that know your character. (Include first and last name, relationship, and phone number.)

1. _____
2. _____

AVAILABILITY:

Please **X** hours you are **NOT AVAILABLE** to work each day, for example class hours or other engagements that would prevent you from working.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7am-8am							
8am-9am							
9am-10am							
10am-11am							
11am-12pm							
12pm-1pm							
1pm-2pm							
2pm-3pm							
3pm-4pm							
4pm-5pm							
5pm-6pm							
6pm-7pm							
7pm-8pm							
8pm-9pm							
9pm-10pm							
10pm-11pm							
11pm-12am							

How many hours a week would you prefer to work? _____

When are you available to start working at the Student Union? _____

Certification of Accuracy

I hereby certify that all statements made in this application are true, and I agree and understand that any misstatements of material facts herein will cause forfeiture on my part of all rights to any employment with the Student Union. The Student Union Director or Associate Director is authorized to verify my educational record. I have no objections to having my record checked for accuracy.

Signature of Applicant

Date