Student Worker Application



Please Print

Name:	SLU ID#: W			
Date of Birth:	Driver's License#:			
Local Address:	Permanent Address:			
Local Phone: Perm. Phone: _	Cell/:			
Emergency Contact Name:	Emergency Contact Phone#:			
Are you available to work weekends?				
Briefly describe your interest in KSLU:				
Have you completed Comm 256 (Radio Production	on)?			
Major: Minor Minor	Class (Fr, So, Jr, Sr): Overall GPA:			
Are you receiving ANY financial aid?	Expected Graduation Date: Physical Limitations:			
Have you ever been on academic probation?	Dhygical Limitationg			
nave you ever been on academic probation:	I hysical Elimitations			
Summarize any experience you have in broadcast	ting/production:			
Are you currently employed?	on campus off campus Supervisor:			
This application will be kept on file for one (1) see each new semester!	mester only! A new application will be needed for			
(Ove	er→)			
Your Signature:	Date:			

M:\Forms\Payroll forms\Application of Employment.doc

Schedule of Availability

Student's Name:	
Semester Applied for:	

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:00am- 9:00am	Closed						Closed
9:00am- 12:00N							
12:00N- 3:00pm							
3:00pm- 6:00pm	Closed						
6:00pm- 9:00pm	Closed						Closed
9:00pm- 12:00M	Closed						Closed
12:00M- 6:00am	Closed	Closed	Closed	Closed	Closed	Closed	Closed

Please indicate when you can work by filling in the empty blocks with:

$$X = \text{Can } \underline{\text{NOT}} \text{ work}$$
 $(\text{Blank}) = \underline{\text{CAN}} \text{ work}$