

Summer Student Employment Application

Personal Data

Name: _____	Student ID #: _____
Email Address: _____	Phone Number: () - _____
Home Address: _____	Alt. Phone Number: () - _____
City: _____	Preferred Contact Method: (Email)
State _____ Zip Code: _____	(circle one) (Phone) (Alt. Phone)
Campus Box #: _____	(Freshman) (Sophomore)
Proposed Major: _____	Class Standing: (Junior) (Senior)
CHECK ONE: <input type="checkbox"/> I am 18 years of age or older <input type="checkbox"/> I am under 18 years of age (verification of age req'd)	

What **exact dates** will you **not** be available to work this summer? (including May Term, Orientation, etc.)

Are you available to work early mornings, late evenings, and/or weekends?

Yes No Other (Please Specify): _____

Job Experience - Please list, in order of your most recent experience, your last three places of employment

Employer: _____	Supervisor: _____
Start Date: _____ End Date: _____	Phone Number: () - _____
Job Title: _____	
Assigned Duties: _____	
Employer: _____	Supervisor: _____
Start Date: _____ End Date: _____	Phone Number: () - _____
Job Title: _____	
Assigned Duties: _____	
Employer: _____	Supervisor: _____
Start Date: _____ End Date: _____	Phone Number: () - _____
Job Title: _____	
Assigned Duties: _____	

References

Name: _____	Relationship: _____	Phone #: () - _____
Name: _____	Relationship: _____	Phone #: () - _____

Relevant Skills - Please check, any of the following in which you have experience

General Office: Great Good Fair No Experience
(copying, telephone, filing, organizing, etc.)

Keyboarding: Great Good Fair No Experience

Ten-Key: Great Good Fair No Experience

Computer: Great Good Fair No Experience

Windows (PC): Yes No

Apple: Yes No

Library: Yes No

General Labor: Yes No

Event Services: Yes No

Groundskeeping: Yes No

Media: (circle all that apply) (Adobe Suite) (Camera Equipment) (Lighting) (Audio Equipment)
(Photo and Video Editing) Other: _____

Building Repair: (circle all that apply) (Carpentry) (Painting)

Building Systems: (circle all that apply) (Plumbing) (Electrical) (HVAC) (Telephone/Data Installation)

List any other experience, education or skills that you believe particularly qualify you for the job(s) in which you are interested: _____

Physical Limitations/Allergies: _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION

Your initials indicate that you have read and understand each statement

Within the Student Employment eligibility requirements, George Fox University does not discriminate in its educational programs or activities — including employment — on the basis of age, sex, handicap/disability, race, color, national or ethnic origin, or other statuses protected by applicable nondiscrimination laws.

Interviews are given on a competitive basis using job-related factors after a written application has been received and reviewed. Not everyone who applies for a position will be interviewed.

I understand that, if selected, I will be required to provide proof of my identity and my legal right to work in the United States prior to actual employment with George Fox University.

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that misrepresentation or material omission in my application materials may result in my elimination from further consideration. I further understand that, if accepted for employment, any misrepresentation or material omission which becomes known to George Fox University may result in immediate termination of my employment.

I authorize all previous employers and supervisors, including all persons with and for whom I have worked, to give George Fox University representatives any and all information regarding me and my previous employment. I release George Fox University and all previous employers and supervisors from liability for any damages that may result from furnishing information to George Fox University.

In consideration of my employment, I agree to abide by the instructions, rules, and policies of George Fox University and the department in which I am employed. If I am hired, I understand my employment and compensation can be terminated at any time at the option of either the institution or myself.

I understand my application will be reviewed to determine if my experience/background meets the qualifications for the positions in which I have indicated interest. If I am not qualified for any of those positions, I understand my application may receive no further consideration.

Signature

Printed Name

Date

Community Lifestyle Statement

The goal of the George Fox University lifestyle standard is to create a community in which individuals are encouraged to be transformed into the image of Christ. In addition, we desire that our common life would reflect the teachings and Spirit of Christ in all that we do and say. In this ongoing process of transformation, all members of the George Fox Community are encouraged to consider the following questions as a means of self-examination, in the tradition of the historic Friends (Quakers). As individuals or groups within this community reflect on these questions, we encourage them to respond in obedience to God's leading and to seek encouragement, support and accountability from other members of the community.

Am I actively pursuing the highest call of God on my life even if that means giving up a personal "freedom" for the sake of others within the community?

As a member of the George Fox community, do I recognize my duty and responsibility to others within our Christ-centered community?

Am I a faithful steward of the resources which God has entrusted to me?

Do I discipline my mind and body to serve as instruments of God?

These lifestyle standards reflect the university's mission, faith commitments, values, and our rich heritage. They are intended to facilitate our life together at George Fox University.

Please [CLICK HERE](#) to review the entire Lifestyle Standards and Values for the George Fox University community.

Explain any reservations or lack of understanding you have concerning the Community Lifestyle Statement: _____

Your signature below indicates that you have read and understand the Community Lifestyle Statement in its entirety and that you commit to fulfill and abide by these lifestyle standards and values.

Signature

Printed Name

Date