

St. Mary's College of Maryland
St. Mary's Campus Store

EMPLOYEE APPLICATION

DATE: _____

FIRST NAME: _____ LAST NAME: _____ STUDENT ID# _____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

CELL PHONE: _____ BIRTHDATE: _____ VALID SSN: ___Yes ___No

SMCM EMAIL: _____

CLASS: ___1ST YEAR ___SOPHMORE ___JUNIOR ___SENIOR

WORK EXPERIENCE

1. _____
MOST RECENT EMPLOYER SUPERVISOR PHONE

JOB TITLE STARTING DATE ENDING DATE

2. _____
EMPLOYER SUPERVISOR PHONE

JOB TITLE STARTING DATE ENDING DATE

3. _____
EMPLOYER SUPERVISOR PHONE

JOB TITLE STARTING DATE ENDING DATE

**PLEASE MARK WHICH OF THE FOLLOWING YOU HAVE
EXPERIENCE WITH:**

___ MICROSOFT WORD

___ HTML/WEB DESIGN

___ MICROSOFT EXCEL

___ POINT-OF-SALE SYSTEMS

___ PHOTOSHOP

___ SOCIAL MEDIA

OTHER _____

HOURS OF AVAILABILITY

MONDAY _____ THURSDAY _____ SUNDAY _____

TUESDAY _____ FRIDAY _____

WEDNESDAY _____ SATURDAY _____

Are you interested in working in the **CAMPUS STORE** or **DAILY GRIND**?

How many hours per week are you interested in working?

Why are you interested in working here?