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

EMPLOYEE APPLICATION

First Name:_____ Last Name:_____ Student ID #_____

Address:_____ City, State, Zip:_____

Phone:_____ Birthdate:_____ Student Email:_____

1st Year:_____ Sophomore:_____ Junior:_____ Senior:_____

WORK EXPERIENCE

1. Most Recent Employer	Supervisor	Phone
Job Title	Start Date	End Date
2. Employer	Supervisor	Phone
Job Title	Start Date	End Date
3. Employer	Supervisor	Phone
Job Title	Start Date	End Date

PLEASE CHECK OFF THE FOLLOWING APPLICATIONS THAT YOU HAVE EXPERIENCE WITH

HTML/Web Design ___   Point-Of-Sale Systems ___

Photoshop ___   Microsoft Word/Excel ___

Social Media ___   Other (Please Specify) _____

HOURS OF AVAILABILITY

Monday:_____ Tuesday:_____ Wednesday:_____

Thursday:_____ Friday:_____ Saturday:_____ Sunday:_____

How many hours per week are you interested in working?

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

Why are you interested in working for us?