

WORK EXPERIENCE-Provide a Complete Description of All Qualifying Experience

This information may be used to determine your qualifications. Be specific. Start with your present or most recent job. For part time work, show the average number of hours worked. Indicate any change in job title under the same employer as a separate position.

| | | | |
|---|------------------|---|-----------------------------------|
| PRESENT OR MOST RECENT EMPLOYER | TYPE OF BUSINESS | LOCATION | |
| YOUR TITLE | | NAME, ADDRESS, TELEPHONE OF REFERENCE | |
| REASONS FOR LEAVING OR CONSIDERING LEAVING (STATE IF DISCHARGED OR ASKED TO RESIGN) | | | |
| YOUR DUTIES | | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME _____ HOURS/WEEK | |
| | | FROM (MO. & YR.) | TO (MO. & YR.) |
| | | SALARY BEGINNING \$ _____ per | ENDING OR PRESENT \$ _____ per |
| EMPLOYER | TYPE OF BUSINESS | LOCATION | |
| YOUR TITLE | | NAME, ADDRESS, TELEPHONE OF REFERENCE | |
| REASONS FOR LEAVING (STATE IF DISCHARGED OR ASKED TO RESIGN) | | | |
| YOUR DUTIES | | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME _____ HOURS/WEEK | |
| | | FROM (MO. & YR.) | TO (MO. & YR.) |
| | | SALARY BEGINNING \$ _____ per | ENDING OR PRESENT \$ _____ per |
| EMPLOYER | TYPE OF BUSINESS | LOCATION | |
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| YOUR DUTIES | | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME _____ HOURS/WEEK | |
| | | FROM (MO. & YR.) | TO (MO. & YR.) |
| | | SALARY BEGINNING \$ _____ per | ENDING OR PRESENT \$ _____ per |
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| REASONS FOR LEAVING (STATE IF DISCHARGED OR ASKED TO RESIGN) | | | |
| YOUR DUTIES | | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME _____ HOURS/WEEK | |
| | | FROM (MO. & YR.) | TO (MO. & YR.) |
| | | SALARY BEGINNING \$ _____ per | ENDING OR PRESENT \$ _____ per |

IF NECESSARY, ATTACH ADDITIONAL SHEETS USING THE ABOVE FORMAT TO PROVIDE EMPLOYMENT DATA DESCRIBING QUALIFYING EXPERIENCE

| | |
|--|---|
| MAY WE CONTACT THE EMPLOYERS NAMED ABOVE? | |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> IF NO, PLEASE EXPLAIN |
| | |
| HAVE YOU EVER BEEN EMPLOYED BY UWM? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| IF YES, WHEN, IN WHAT DEPARTMENT, AND IN WHAT CAPACITY? | |
| | |

PLEASE READ CAREFULLY. I hereby certify that the statements and answers given by me on this application are true and correct. I hereby authorize you to contact references, past or present employers (except as noted above), persons, schools, law enforcement agencies and any other source of information which may be relevant to my application for employment. It is understood and agreed that any misrepresentation, false statement or omissions by me in this application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to the University of Wisconsin-Milwaukee.

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS.

SIGNATURE :

DATE :

STUDENT WORK SCHEDULE

Mark the areas that you are available to work.

Please be sure to give yourself a 15 minute grace period between your class end time and work start time, or your work end time and class start time.

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|------------------|--------|---------|-----------|----------|--------|
| 8:00 - 8:30 am | | | | | |
| 8:30 - 9:00 am | | | | | |
| 9:00 - 9:30 am | | | | | |
| 9:30 - 10:00 am | | | | | |
| 10:00 - 10:30 am | | | | | |
| 10:30 - 11:00 am | | | | | |
| 11:00 - 11:30 am | | | | | |
| 11:30 - 12:00 pm | | | | | |
| 12:00 - 12:30 pm | | | | | |
| 12:30 - 1:00 pm | | | | | |
| 1:00 - 1:30 pm | | | | | |
| 1:30 - 2:00 pm | | | | | |
| 2:00 - 2:30 pm | | | | | |
| 2:30 - 3:00 pm | | | | | |
| 3:00 - 3:30 pm | | | | | |
| 3:30 - 4:00 pm | | | | | |
| 4:00 - 4:30 pm | | | | | |