

ACES STUDENT EMPLOYMENT APPLICATION

Name:	
Campus Address:	
Phone Number:	
Email Address:	

Student Employee Class Schedule

Place "X" in the boxes where you are **NOT** available to work.

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6-7 AM							
7-8 AM							
8-9 AM							
9-10 AM							
10-11 AM							
11-12 PM							
12-1 PM							
1-2 PM							
2-3 PM							
3-4 PM							
4-5 PM							
5-6 PM							
6-7 PM							
7-8 PM							
8-9 PM							
9-10 PM							
10-11 PM							

1) Have you worked at ACES? [] Yes [] No If yes, where? ______

2) Do you have any other relevant experience? [] Yes [] No

If yes, list your experience here (if more room is needed, please continue on the back of this sheet):

3)	Is there a specific ACES	location that you would	like to work in? [] Yes [] No
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If yes, which one? _____

Applicant's Name

Applicant's Signature _____ Date _____