FOR OFFICE USE					
Hired:	Semester:	Date Submitted:			

Student Accessibility Services

Work Application

Name:		·	Z#
Last	First		
Cell number:()	Best time to call:	Alternate	phone number: ()
Address:		_City:	State:
Zip Code:	FAU Email:	@fau.edu	
Employment classification of OPS Graduate Student Assistant Undergraduate Student Assis		:	
What position(s) are you app Sign Language Interpreter C-Print Captionist	Note:	taker Assistant	Office Assistant
Check the skills you are profice Computer word processing _ Sign language C	Microsoft Office	Other computer	programs (please list)
Do you have office work expe	erience? Yes:	No:	
Major:	College:		GPA (Cumulative):
Are you: Degree-Seeking	Non-Degree Seekir	ng	
How many credit hours are y	ou enrolled in for the current	t semester?	
Expected semester/year of g	raduation		
Are you: US citizen:	Resident Alien:		Foreign Student:
Do you have a social security	/ number? (SS# is not requir	red on this form)	Yes: No:
Only for foreign students: Co Note: Foreign students must	untry:	U International S	Visa Type: Students Office.
Have you previously worked	at FAU? Yes*: No: _	*If yes, name	e of department:
Are you presently employed	on campus? Yes*: No	o:*If yes, na	ame of the department:
Total Hours per week in your	present on-campus job:	End da	te of present job
Are you eligible for Federal V	Vork-Study? Yes:	No:	

Should you not consideration?		nester, would you like SAS to No:	o keep your application on file for future	
1. What interest	s you in working	in the Student Accessibility	Services?	
2. What do you	think you can co	ontribute?		
•				
•				
3. What experie	nce have you ha	ad, if any, that you feel is rele	evant to working here?	
4. What do you	hope to learn fro	om working with SAS?		
	job with SAS cou problem for you	_	ork for the entire semester (through final exar –	ms
6.Subjects in wl	nich you can tak	e notes		
•				
•				
		Work Related Ref	ferences	
1. Name:_		Phone:	Email:	
How lon	g have you knov	v this person and what is the	e work relationship:	
2. Name:_		Phone:	Email:	
How lon	g have you knov	v this person and what is the	work relationship:	
Signature:			Date	

----Please attach copy of your resume & a current class schedule ----