

Annual Fund Student Caller Application for Employment

Any offer of employment is contingent upon the ability to provide documentation which demonstrates employment eligibility as required by the Immigration Reform and Control Act of 1986.

Individual Information

Name Last: First: Middle: Date:

Address

Street City State Zip

Daytime telephone Evening telephone

The furnishing of your social security number is voluntary. The number is used for preventing the confusion of records of candidates with similar names; for background check when the application is for security or financial positions; and, upon hire, for subsequent identification purposes.

SSN or MyWSU ID: Desired Wage: \$

Are you 18 or more years old? Yes No

Have you been convicted of a crime? (A conviction will not necessarily preclude employment.) Yes No

If "yes," explain.

Are you a citizen of the United States or an alien eligible for employment under the immigration laws of the United States?

Yes No If "no," type of visa (A student visa also requires a work permit)

Do you have a valid Kansas Driver's License? Yes No

SCHEDULE INFORMATION

The Annual Fund operates 5 nights a week throughout the school year with a set schedule of shifts. Students Callers are required to work a minimum of 3 full shifts per week.

Put an X on the 3 nights you would work if hired!

You can select up to 5 nights for a total of 15 hours.

SUNDAYS 5pm - 8pm	MONDAYS 6pm - 9pm	TUESDAYS 6pm - 9pm	WEDNESDAYS 6pm - 9pm	THURSDAYS 6pm - 9pm

Education

University, college, business, technical, and/or trade school education:

School name and Location	Major	Anticipated Graduation Date

Referral Information:

How were you referred to the Annual Fund?

Sunflower Handshake Poster on Campus

Current/Former Caller - Name:

Other

Employment History

1. Employer Type of business
Employer's address
Your job title Employed from to Hours per week
Reason for Leaving
Your Duties:

2. Employer Type of business
Employer's address
Your job title Employed from to Hours per week
Reason for Leaving
Your Duties:

Other skills and volunteer or related activities:

Authorization and Release

PLEASE READ AND SIGN BELOW: I certify that all of the information I have provided in this application for employment and in any interviews given or to be given is and will be true and correct. I understand that if I am employed by the Wichita State University Foundation and it is determined that any of the information I have provided in the application is false, I am subject to immediate termination. I authorize the Wichita State University Foundation to make such investigations as it deems necessary in considering this application for employment. I understand that such investigations may include contacts with my references, former employers, consumer reporting bureaus, and others, and that such contacts will result in your obtaining information regarding my credit, character, background and personal habits, as well as other information. I waive and release the Wichita State University Foundation agents and employees thereof from any and all liability that might arise out of such investigations. I also authorize the Wichita State University Foundation to verify my educational credentials, and I waive and release the Wichita State University Foundation agents and employees from any and all liability which may arise out of the verification of my educational credits. I FURTHER UNDERSTAND THAT IF I AM EMPLOYED BY THE WICHITA STATE UNIVERSITY FOUNDATION, I WILL BE AN AT-WILL EMPLOYEE, WHO MAY QUIT OR BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE.

Applicant's signature Date
Print name