



Student Employment Application

Shippensburg University of Pennsylvania

PERSONAL INFORMATION

Name: _____ Date: _____

SU Email: _____ SU ID #: [Click or tap here to enter text.](#)

Phone Number: [Click or tap here to enter text.](#) Do you Reside on Campus? Yes No

ACADEMIC INFORMATION

Anticipated Graduation Date: [Click or tap here to enter text.](#) GPA: [Click or tap here to enter text.](#)

Class: First-Year Sophomore Junior Senior: Graduate Student:

Major: [Click or tap here to enter text.](#) International Student: Yes No

Are you currently under any disciplinary action by the University? Yes No

If yes, please explain: [Click or tap here to enter text.](#)

SCHEDULE OF AVAILABILITY

Please check all time slots in which you are **AVAILABLE** and **WILLING** to work.
If only available for part of the slot listed, please make note in the space below.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6:00 - 7:00 a.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:00 - 8:00 a.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:00 - 9:00 a.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:00 - 10:00 a.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:00 - 11:00 a.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:00 - 12:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:00 - 1:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:00 - 2:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:00 - 3:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:00 - 4:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:00 - 5:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:00 - 6:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:00 - 7:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:00 - 8:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:00 - 9:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:00 - 10:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:00 - 11:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:00 - 12:00 a.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:00 - 1:00 a.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:00 - 2:00 a.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the following space to provide any further clarification of the above schedule and/or availability.
[Click or tap here to enter text.](#)

ADDITIONAL INFORMATION

Please use this section to include any additional information that you would like to share that is not included in your resume. Click or tap here to enter text.

CRIMINAL HISTORY

CRIMINAL OFFENSE includes felonies and misdemeanors.

CONVICTION is an adjudication of guilt and includes determinations before a court, a district justice or magistrate and pleas of *nolo contendere* (no contest) that result in a fine, sentence or probation.

For this question disregard: minor traffic violations (no points) and underage drinking offenses, committed before your 18th birthday which as adjudicated in juvenile court under a Youth Offender Law, and any charges which have been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition Program (ARD).

A “Yes” answer is not necessarily a bar to employment.

If you answer “Yes,” please provide a written explanation.

WERE YOU EVER CONVICTED OF A CRIMINAL OFFENSE?

Yes No

If you answer “Yes,” use the space below to provide a written explanation. Click or tap here to enter text.

VERIFICATION

I recognize that there may be additional questionnaires or information needed to submit this application and that this application does not complete the process in full.

Initials: Click or tap here to enter text.

Date: Click or tap here to enter text.

I have read and understand the roles, responsibilities, and expectations of this position and hereby submit this application for consideration. I possess all of the qualifications required for this position as specified on this form and all information submitted is correct to the best of my knowledge.

Initials: test Date: Click or tap here to enter text.

For further questions regarding the submission process, please contact the Office of Human Resources at 717-477-1124 or studentpayroll@ship.edu.