USM Registration and Scheduling Services

Application for Student Employment
(Must be awarded Federal Work Study to apply)

Name: _______________________________ Student ID: _______________________________
Date Available /Semester: ______________________ Phone: ______________________________
Email: _______________________________ Major: ________________ Year: __________

Have you been awarded Federal Work Study funds? (Circle One)           Y       or      N
Work Study amount awarded for the year: ________________________________
Total Hours Requested Per Week: _____________________________________________
Preferred Campus of Employment (Circle One)           Gorham    or      Portland
Preferred Hours/Day(s) that fit your schedule this semester (Office hours 8:00AM - 4:30PM Monday-Friday):
Monday _______________________________ Thursday _______________________________
Tuesday _______________________________ Friday _________________________________
Wednesday ______________________________

Are you available to work during school breaks? (Circle One)           Y       or      N
Describe related skills (office skills, computer knowledge, etc…)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What other work experience do you have?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
What skills/experience would you like to gain from this job?

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

Extracurricular Activities (include any NCAA sport for the current academic year):

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

Student Privacy and Confidentiality Agreement

As a student worker in the office of Registration and Scheduling Services, you may be exposed to, or have access to, verbal and/or written information which is sensitive and/or personal in nature.

It is imperative that NO information regarding an individual student, family, or employee is discussed or shared with anyone other than office staff, without written consent of the person or persons involved. Unauthorized release of confidential information is a violation of laws regarding individual and family rights to privacy.

Violations will result in termination of your employment with our department.

Signature: ____________________________________________  Date: ______________________

For Office Use Only:

Interview Date: _______________________________ Interviewed By: _______________________________

Pay Rate: _______________________________ Hire Date: _______________________________

Position: __________________________________________________________________________

Comments: ___________________________________________________________________