

SIGNATURE

STUDENT EMPLOYMENT APPLICATION

NORBERT	Control Position you are applying for:			
OLL GE	SNC Student?	Over 16 by June 1st?_	Over 18 by June	1st?
	Does your parent w	ork at SNC?If yes,	name of parent	
NAME:				
ADDRESS:				
<i>C</i> ITY:		s	TATE:ZIP CO	DE:
E-MAIL ADDRESS: _				
EMPLOYMENT HISTO	PRY			
Present or last employ	/er:			
Dates of employment: _				
Duties:				
Supervisor name and te	:lephone number:			
Previous employer:				
Dates of employment: _				
Duties:				
Supervisor name and te	:lephone number:			
Please indicate any spec	cial skills or certificat	ions:		
falsification, misre Student employees	information contained presentation, or omiss are not guaranteed f tunities for student e	EEMENT d in this application is true to sion on this application is groun full-time employment; supervise mployees under 16 years of a	nd for refusal to hire or, if I ors schedule hours based oi	hired, for dismissal. n their department needs.

j:fa/karen;employment/employmentapp

DATE