Chris' University Spirit

244 S. Knoblock Stillwater, OK 74074 (405) 377-0555

Employment Application			PLEASE PRINT
	Appli	cant Information:	
Name:		Phon	e:
Date:	Desired P	osition:	
Desired Pay:	Desired S	tart Date:	
Local Address:			
Permanent Address:			
Marital Status:	Birthdate	Birthdate:	
Are you employed now?	lf yes, ma	If yes, may we inquire of your present employer?	
Employer Name:			
Employer Address:			
Employer Phone:			
Number of semesters attended at	OSU:	Elsewhere: Name	of School:
		Credit hours this semester:	Next semester:
School Classification:	GPA:	Major:	
Are you a member of a fraternity	or sorority? (name	e chapter)	
Offices or leadership positions hel	d:		
Extracurricular activities and organ	nizations you are a	a member of:	

Scheduling:				
Store hours	Please checkmark the following shift(s) you are willing to work.			
Monday-Friday 9:30am - 5:30pm	Mon-Wed-Fri 9am-6pm			
Saturday 10:30am - 5:30pm	Mon-Wed-Fri 12pm-6pm			
Sunday 1:00pm - 5:00pm	Tues-Thurs 9am-6pm			
What kind of job are you looking for?	Tues-Thurs 12pm-6pm			
(Check all that apply)	Saturday 9:45am-6pm			
Full Time Internship	Saturday 12pm-6pm			
Part Time Seasonal	Sunday 12:45pm-5pm			
How many hours per week are you willing to work?				
Are you willing to work during OSU home football game days? (We are open during the game. Game days are required)				
Can you work through Christmas break?				
Can you work through the summer?				
Have you worked in any of the following areas? Check all that apply then elaborate on your answers.				
Clothing/Retail Sales				
Sporting Goods				
Jewelry Sales				
Screenprinting				
Lettering/Sewing				
Graphic Design				

References:		
Name:		
Business:		
Number of years acquainted:	Phone Number:	
Name:		
Number of years acquainted:	Phone Number:	

Former Employers		
Business Name:		
Dates to and from:		
Wage/Salary:	Position:	
Reason for leaving:		
Supervisor to contact:	Phone:	-
Business Name:		
Address:		
Dates to and from:		
Wage/Salary:	Position:	
Reason for leaving:		
Supervisor to contact:	Phone:	
Business Name:		
Address:		
Dates to and from:		
Wage/Salary:	Position:	
Reason for leaving:		
Supervisor to contact:	Phone:	-

If you are a college student, please print your current and/or future class schedule and staple it to the back page of this application. Thank you!

Please read before signing:

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice."

Date: Signature	Signature:	
Please do n	ot write below this line	
Interviewed by:	Date:	
Hired:	Position:	
Wage/Salary:	Start date:	