



WSU
PARKING SERVICES
STUDENT EMPLOYEE APPLICATION

Date _____ ID # _____

Name _____

Local Address:

Permanent Address:

Local or Cell Phone (_____) _____

Permanent Phone (_____) _____

Email address _____

University Classification (circle one) Freshman Sophomore Junior Senior Other

How long have you attended WSU? _____ Cumulative G.P.A. _____ Minimum G.P.A. of 2.50 for employment

Academic Major _____ Academic Minor _____ Expected Date of graduation _____

What is your employment status? Work Study Student Help

Have you ever served in the Military Services? Yes No

If yes, what branch and for how long? _____

Have you ever been convicted of a crime as an adult excluding minor traffic offenses? Yes No

If yes, what kind and why? _____

Have you been disciplined for conduct within the Residence Halls and/or by the Campus Judicial Officer? Yes No

If yes, for what reason: _____

Do you plan to be away from campus for any semester during the academic year? Yes No

If yes, which semester? _____

Will you be student teaching or interning during the next academic year? Yes No

If yes, when? _____

If you should be hired, will you have any other jobs during the academic year? Yes No

Have you ever been employed by Winona State University? If yes, which department(s) were you employed by? Yes No

Department(s) _____

Please list any training, seminars or certifications that may be beneficial in considering your application for employment with WSU Parking Services (I.e. first aid, self defense, domestic abuse, etc.) Additionally, list the dates of certification.

_____	Date _____
_____	Date _____
_____	Date _____

If you are accepted to a position with WSU Parking Services would you be able to attend training the week prior to the school year?
(circle one) Yes No

Please answer these questions as completely as possible.

1. Why are you interested in becoming a member of WSU Parking Services?

2. What qualities do you have that would enable you to handle the position?

3. What do you feel are the duties and responsibilities of this position?

4. List all University activities and indicate all positions of responsibility.

Please list two *job* references, beginning with the most recent.

1. Name of business _____ Dates of employment _____

Address _____

Phone Number (_____) _____

Name of Supervisor _____

2. Name of business _____ Dates of employment _____

Address _____

Phone Number (_____) _____

Name of Supervisor _____

Please list two *personal* references.

1. Name _____

Address _____

Phone Number (_____) _____

How long have you known this person? _____

2. Name _____

Address _____

Phone Number (_____) _____

How long have you known this person? _____

I authorize the coordinator of WSU Parking Services to check my class standing, grades and employment records. I hereby authorize anyone having such records to release them to the coordinator of WSU Parking Services. I also understand that any false or misleading statement that I make on this application shall be cause for my application to be withdrawn from consideration for employment. Additionally, if eventually hired and it is determined that any statement contained within this application is found to be false or misleading can result in my immediate termination.

Signed _____ Date _____

Please return to:

Parking Services

WSU Maxwell 233

Winona, MN 55987

For more information:

Web site: www.winona.edu/parking

E-mail: parking@winona.edu

Phone: (507) 457-5062