

Date: _____

Hourly _____

Work-Study _____

Name	Last	First	Middle Int.	EID
Austin Address			Zip Code	Austin Telephone
Permanent Address/City/State			Zip Code	Home Telephone

E-Mail Address _____

Are you a Permanent Resident of the U.S.? (check one) Yes _____ No _____

UT Student	Other	Number of Semester Hours Registered	Grad / Undergrad & yr.	Major
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Are you related to a University Employee or Board of Regents member? No _____ Yes _____

Name/Relationship _____
Title & Dept _____

Are you currently employed by another Department on Campus? No _____ Yes _____

Dept _____
Hrs/week _____ Rate of pay _____

Number of Hours desired? _____ Other Formal Training _____

Language Skills? Read? _____ Write? _____ Fluent? _____

Work Experience:
employer or company name: _____ dates of employment: _____ type of work: _____

CHECK TIMES AVAILABLE TO WORK	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11
Monday																
Tuesday																
Wednesday																
Thursday																
Friday																
Saturday																
Sunday																

Below Line For Office Use Only

Unit	Start Date	Hours per week	Title	Rate of Pay
Supervisor				\$ _____

Approved By _____ Account Number _____
(Department Head if needed)

