

Mary Ann Shaw Center for Public and Community Service Application for Employment

Name: _____	SUID: _____
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Current Address: _____ _____ _____	Permanent Address: _____ _____ _____
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Current Phone: () -	Permanent Phone: () -
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Email: _____	Major: _____
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College/School: _____	Year: _____	Position: _____
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List Previous work experiences starting with the most recent position held:

Employer _____	From _____	to _____
Supervisor's Name: _____	Phone: _____	
Position and Responsibilities: _____		

Employer _____	From _____	to _____
Supervisor's Name: _____	Phone: _____	
Position and Responsibilities: _____		

Employer _____	From _____	to _____
Supervisor's Name: _____	Phone: _____	
Position and Responsibilities: _____		

List three references not related to you. One reference should be from an SU faculty member:

Name: _____ Years Known: _____ Phone: (____) _____

Name: _____ Years Known: _____ Phone: (____) _____

Name: _____ Years Known: _____ Phone: (____) _____

I certify that all of the information provided herein is correct and true. I also authorize the Mary Ann Shaw Center for Public and Community Service to check all references.

Signature _____ Date _____

Mary Ann Shaw Center for Public and Community Service
237 Schine Student Center
Syracuse NY 13244
Phone Number: (315) 443-3051
Fax Number: (315) 443-3365
Email: cpcs@syr.edu

Office Use Only:

Date Interviewed: _____ by: _____

Hired: _____ Start date: _____