

UC SAN DIEGO BOOKSTORE EMPLOYMENT APPLICATION FORM

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Last Name: _____ First Name: _____ Middle Initial: _____

Permanent Address: _____

Local Address: _____ E-mail: _____

Phone Number: _____ Job Number: _____ Job Title: _____

Relatives Employed at UCSD: Yes No

Name: _____ Relationship: _____ Department: _____

Work Study: Yes No If "yes" please enter limit amount: _____

Prior UC Employment:

Department: _____ End Date: _____ Supervisor: _____ Phone: _____

EMPLOYMENT HISTORY

Firm Name/Address	Position title and description of duties	Total Years/Months	No. hours per week
Telephone		May we contact?	Reason for leaving
Type of Business	Supervisor	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Type of Business	Supervisor	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you a GRADUATE student? (check one) Yes No

Are you an INTERNATIONAL student? (check one) Yes No

Signature: _____ Date: _____

FOR OFFICE USE ONLY

revised 11/19/20

Student I.D. No. _____ Registered: _____

HR Approval: _____ LP Approval: _____