Winthrop University
Richard W. Riley College of Education
Instructional Technology Center

RETURN APPLICATIONS TO: Joyce Camp- Director of the Instructional Technology Center
307 Withers, Winthrop University College of Education, Rock Hill, SC  29733

Application for Employment – Student Worker

Name______________________________________________________________

Student ID number________________________________ Winthrop E-mail ________________________________


Local Address________________________________________________________

Local Phone ____________________________  Cell Phone ______________________________

Permanent Address: _______________________________________________________

Street        City        State        Zip Code

Permanent Phone ____________________________

Major_________________________________ Anticipated graduation date________________

Have you ever been employed by Winthrop before? □   Yes □   No

If yes, when and where?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Are you presently employed?       □   Yes □   No

If yes, where?__________________________

Do you plan to continue in this position?    □   Yes □   No

Are you qualified for work study? □   Yes □   No

Semester(s) you wish to work:   Fall 20____    Spring 20____    Summer 20____

Number of hours available for work__________

Please indicate on the attached sheet times and days preferred.
Please list previous work experience. What were your major responsibilities? (Use other side if necessary.)
__________________________________________________________________________________________
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Please check programs with which you have experience:

- Microsoft Word
- Microsoft Outlook
- Microsoft Excel
- Microsoft Power Point
- Microsoft Publisher
- Email
- Microsoft Access
- Expression Web
- Inspiration
- iPad
- Blackboard
- LiveText

What other computer/technology skills do you possess?
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Please list three references. Please include name, occupation, address, city, state and phone number.

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<th>Occupation</th>
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By my signature, I affirm, agree and/or understand that all statements on this form are true and accurate. I give the Instructional Technology Center permission to access my grades to check my GPA for job eligibility.

_____________________________________ ________________________
Signature Date
Please indicate times and days preferred:

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