



Winthrop University  
Richard W. Riley College of Education  
**Macfeat Early Childhood Laboratory School**  
**803-323-2219**

Teacher \_\_\_\_\_  
for office use only

**RETURN APPLICATIONS TO:** Mary Ellen Lorow, 41 Withers, lorowm@winthrop.edu

**Application for Employment – Student Worker**

Name \_\_\_\_\_

Student ID number \_\_\_\_\_ Winthrop E-mail \_\_\_\_\_

Classification:      Freshm.                      Soph.                      Jr.                      Sr.

Local Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Street    City    State    Zip Code

Major \_\_\_\_\_ Anticipated graduation date \_\_\_\_\_

Are you a Teaching Fellow?                      Yes                      No

Do you have CPR certification?                      Yes                      No

If not, would you be willing to be trained in CPR?                      Yes                      No

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 the above position (if applicable)?                      Yes                      No

How many hours per week would you prefer to work at Macfeat?      Less than 5                      5-10                      10-15

Are you qualified for work study?                      Yes                      No

Please list previous work experience with young children. (Use other side if necessary.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach a copy of your class schedule for the upcoming term. (Your application will not be considered unless your schedule is attached.)**

By my signature, I affirm, agree and/or understand that all statements on this form are true and accurate.

Signature \_\_\_\_\_

Date \_\_\_\_\_