



Note: Students must submit a resume along with this application in order to be considered. All students hired by the AACC are required to attend AACC Staff Meetings and sponsored functions.

Name: Date of Application:

People soft number: SSN #:

Date of Birth:

Campus/Local Address:

Campus/Local Phone:

Home Address:

Home Phone:

Cell Phone:

University email:

Personal email (if applicable):

Semester Standing: # of credit earned:

Major:

Will you be employed at another job this semester? Yes No

If yes, please provide approximate number of hours per week and where?

hours, at

Have you received Work Study? Yes No

If yes, what is your allocation for the academic year? \$

Please identify two job choices for which you are applying. Mark your choices with 1 or 2, 1 indicating your first choice.

Office Assistant

Facility Monitor

Graphic Artist

Programmer*

Instructor's Assistant**

Marketing Assistant

Vision Newspaper
Contributor

*A programmer must work in the AACC for at least one semester and be approved by Dr. Willena Kimpson Price.

** An Instructor's Assistant is appointed solely by Dr. Willena Kimpson Price.

Please state why you feel you would qualify for these positions:

Employment History

Employer/Company:

Type of Work:

Supervisor's Name:

Address:

Telephone:

Dates of employment: to

Rate per hour: \$

Employer/Company:

Type of Work:

Supervisor's Name:

Address:

Telephone:

Dates of employment: to

Rate per hour: \$

Class Schedule

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:



Student Employment Confidentiality Agreement

This form is to be completed by the student employee, and submitted to the Cultural Center Assistant.

Name: Peoplesoft Number:

Campus/Local Address:

Most accessible phone number:

Employing Department: H. Fred Simons African American Cultural Center

Academic Year:

In my acceptance of employment:

I understand that in my duties I may have access to information about individual students, parents, or statistical information about the University of Connecticut that is not available to the general public. I agree to maintain the confidentiality of all such information. I understand that any breach of confidentiality can result in immediate termination and judicial sanctions.

Student Signature

Date

This agreement should be submitted to and maintained by the student employee's supervisor.