

Student Help Desk

Campus Technology Support Services

st mary's college of maryland

Student Employment Application

Personal Information

Name (Last, First MI)

Student ID

Date of Birth

Email Address

Campus/Local Address

Street

City

State

ZIP Code

Phone

Permanent Address

Street

City

State

ZIP Code

Phone

School Information

Current Year: Freshman Sophomore Junior Senior

Estimated Date of Graduation: _____

Major: _____ Minor: _____

Major: _____ Minor: _____

School/Community Activities:

1: _____

2: _____

3: _____

Work Information

How many hours a week do you want to work? _____

Are you available to work:

Sundays Mornings Evenings (6-10pm)

Saturdays Afternoons Evenings (10pm-12am)

Preferred Work Times:

Sunday _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Do you own a computer? Yes No

If yes, what make and model? _____

If yes, what software do you use? _____

Employment History

List previous work experience, both on and off campus, starting with the most recent.

Name of Employer

Street

City

State/ZIP/Phone

Dates of Employment

Job Title

Description of Work:

Name of Employer

Street

City

State/ZIP/Phone

Dates of Employment

Job Title

Description of Work:

Qualification Skills

Please rate yourself:

Skill	Poor	Fair	Good	Very Good
Active listening skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision making skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working as part of a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepting responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working under difficult situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mac computer software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mac computer hardware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PC computer software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PC computer hardware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Why do you want this job?

List all the components of good customer service.



List the software packages you are most capable of and familiar with using.

List the software packages you wish to gain more experience using.

Please return the completed application to:

**c/o Helpdesk
Campus Technology Support Services
Baltimore Hall**

For CTSS Department Use Only		
Arrange Interview:	<input type="checkbox"/> Yes	<input type="checkbox"/> No If yes, Date: _____
Remarks:	_____ _____ _____	
Interviewer 1	Date	
Interviewer 1	Date	
Employed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of Employment	Job Title	Pay Rate