## **CRAFT SHOP APPLICATION**

| Name:                              |                    | Date:                |  |
|------------------------------------|--------------------|----------------------|--|
| Current Address:                   |                    |                      |  |
| Email:                             | Cell Phone:        |                      |  |
|                                    |                    |                      |  |
|                                    |                    |                      |  |
| How many credits are you currently | y taking?          |                      |  |
| Is your cumulative GPA 2.0 or high | ner?               |                      |  |
| Have you been awarded work study   | 0                  |                      |  |
| How many hours per week are you    | available to work? |                      |  |
| Are you available to work holidays | ?                  | Breaks?              |  |
| Will you be working anywhere else  | on campus?         | if so, where?        |  |
| Will you be employed elsewhere of  |                    |                      |  |
| Check all areas of experience:     |                    |                      |  |
| Cash Handling                      | Cu                 | stodial              |  |
| Management                         |                    | le to Lift 50 Pounds |  |
| Cash Register                      |                    | lephone Skills       |  |
| Microsoft Excel                    | Wo                 | ord Processing       |  |
|                                    |                    |                      |  |
|                                    |                    |                      |  |

Work experience related to crafting, studio management and cleanliness, and teaching:

| List campu if needed. | s and/or communit    | y activities with whom  | you are involved. Use a                                   | an additional page |  |  |
|-----------------------|----------------------|-------------------------|---|--------------------|--|--|
|                       |                      |                         |   |                    |  |  |
|                       |                      | Employment H            | listory   |                    |  |  |
| DATE                  | EMPLOYER             | DUTIES                  | SUPERVISOR  | PHONE #            |  |  |
|                       |                      |                         |   |                    |  |  |
|                       |                      |                         |   |                    |  |  |
|                       |                      |                         |   |                    |  |  |
|                       |                      |                         |   |                    |  |  |
|                       |                      |                         |   |                    |  |  |
| your campu            | as involvement and   | or work experience.     | , who have first-hand kn                                  |                    |  |  |
| Name                  | Address              |                         | Phone #   |                    |  |  |
| Name                  | Address              |                         | Phone #   |                    |  |  |
| Have you              | been convicted of    | a crime? If yes, pleaso | e explain:  |                    |  |  |
| of my know            | vledge. I understand |                         | re true, complete, and contements made in this appeation. |                    |  |  |
| Signature             |                      |                         | Date  |                    |  |  |

## Check the HOURS YOU ARE NOT AVAILABLE TO WORK AND ATTACH YOUR SCHOOL SCHEDULE.

| Hours     | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-----------|--------|--------|---------|-----------|----------|--------|----------|
| 8-9 am    |        |        |         |           |          |        |          |
| 9-10 am   |        |        |         |           |          |        |          |
| 10-11 am  |        |        |         |           |          |        |          |
| 11am-12pm |        |        |         |           |          |        |          |
| 12-1 pm   |        |        |         |           |          |        |          |
| 1-2 pm    |        |        |         |           |          |        |          |
| 2-3 pm    |        |        |         |           |          |        |          |
| 3-4 pm    |        |        |         |           |          |        |          |
| 4-5 pm    |        |        |         |           |          |        |          |
| 5-6 pm    |        |        |         |           |          |        |          |
| 6-7 pm    |        |        |         |           |          |        |          |
| 7-8 pm    |        |        |         |           |          |        |          |
| 8-9 pm    |        |        |         |           |          |        |          |
| 9-10 pm   |        |        |         |           |          |        |          |