

ALCC SUMMER CAMP APPLICATION FOR EMPLOYMENT

NAME: _____ TX ST GPA: _____
Last First

EMAIL ADDRESS: _____ CELL PHONE: _____

LOCAL ADDRESS: _____ LOCAL PHONE: _____
City State Zip

PERMANENT ADDRESS: _____ PERM PHONE: _____
City State Zip

MAJOR: _____ FR. _____ SO. _____ JR. _____ SR. _____ OTH. CITIZENSHIP: _____

Qualifications/Skills: Cash Handling 10 Key Customer Service
 Typing PC or Macintosh Multiline Phone
 Other: _____

Software Skills: WORD EXCEL ACCESS OUTLOOK FRONTPAGE DREAMWEAVER
 OTHER: _____

HOURS AVAILABLE TO WORK

DAYS	MORNING	AFTERNOON	EVENING
M. W. F			
T. TH			

PREVIOUS WORK EXPERIENCE BOTH ON AND OFF-CAMPUS

FROM	TO	NAME OF EMPLOYER <small>JOB TITLE</small>	DUTIES

Signature of Applicant _____

Date _____

(Office Use Only _____)