

**BOB CARPENTER CENTER EMPLOYMENT APPLICATION**

Please complete the application in its entirety and bring or mail it to:

**Bob Carpenter Sports/Convocation Center  
Attn: Sylvester Johnson  
Bob Carpenter Center Administration  
University of Delaware  
631 South College Avenue  
Newark, DE 19716**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ SSN \_\_\_\_\_

Campus Address \_\_\_\_\_ Phone \_\_\_\_\_

Permanent Address \_\_\_\_\_

\_\_\_\_\_

Permanent Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

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Expected Date of Graduation \_\_\_\_\_ Major \_\_\_\_\_ GPA \_\_\_\_\_

Current Academic Standing (check one)  Satisfactory  Academic Probation

Current Disciplinary Standing (check one)  Satisfactory  Probation

Are you or have you been a member of an intercollegiate athletic team during the current academic year?

YES  NO

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**EMPLOYMENT EXPERIENCES (Please list your two most recent jobs)**

<b>Company</b>	<b>Position</b>	<b>Dates</b>
_____	_____	_____
_____	_____	_____

(Please list jobs on campus)

<b>Department/Supervisor</b>	<b>Position</b>	<b>Reason for Leaving</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

What skills do you possess? (cash register, typing, etc.)

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Are you currently receiving financial aid from the University? \_\_\_\_\_

If so, are you in the College Work Study Program? \_\_\_\_\_

Are you eligible for the College Work Study Program? \_\_\_\_\_

(If you are not sure, please contact Financial Aid)

Why do you want to work at the Bob Carpenter Center?

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Date of Application \_\_\_\_\_ Signature \_\_\_\_\_

No. of Hours/Week desired? \_\_\_\_\_ Date available for work \_\_\_\_\_

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**LIST TIMES OF AVAILABILITY**

**MONDAY**

**TUESDAY**

**WEDNESDAY**

**THURSDAY**

**FRIDAY**

**SATURDAY**

**SUNDAY**