



Student Learning Center
Student Administrative Support Assistant

Name: _____ Class/Yr _____ Today's Date _____

Current Address: _____

Permanent Address: _____

Student I.D.: _____ Phone No.: _____

Are you currently enrolled at CSUC? ____ NO ____ YES No. Of Units _____

Current GPA: CSUC: _____ Major: _____

Work-Study: ____ NO ____ YES Amount of Work Study Award \$ _____

Typing - Words per minute: _____

Type of computers & software used: _____

Total number of hours available to work: _____

According to the job description, please list volunteer or paid experience relevant to this position during the last three years:

<u>Employer Name & Phone Number</u>	<u>Position Held</u>	<u>Dates of Employment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I give permission for the Student Learning Center to review my academic record and grades.

Signature

(Please fill out the hours you are available on the back of this form.)

Below is a schedule of the Student Learning Center's hours of operation.

Please put an "X" in the boxes of the days/hours **are available** to work.

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00-9:00					
9:00-10:00					
10:00-11:00					
11:00-12:00					
12:00-1:00					
1:00-2:00					
2:00-3:00					
3:00-4:00					
4:00-5:00					