SIU SOUTHERN ILLINOIS UNIVERSITY CARBONDALE
STUDENT HEALTH SERVICES

Student Worker Job Application

374 E. Grand Ave. • Mail Code 6740 • Carbondale, IL 62901 • P: 618-453-3311 • F: 618-453-4449 • shc.siu.edu

Name (Last, First, MI)				Date:	Date of Birth: ____/____/_____
Permanent address	City	State	Zip	DAWG tag #	
Phone #	E-mail			Major & year in school	
Federal Work Study (FWS): ☐ Yes ☐ No			Award Amount		
Would you be interested in a job the following semester? ☐ Yes ☐ No					
Can you work over breaks? ☐ Yes ☐ No					

Work Experience	
Special Skills (word processing programs, internet, office equipment, etc)	
Reference #1 (name, company /SIU department name & phone #)	Reference #2 (name, company /SIU department name & phone #)
Reference #3 (name, company /SIU department name & phone #)	Reference #4 (name, company /SIU department name & phone #)

Please check all boxes where you are ***available to work*** on the calender below.

STUDENT WORK SCHEDULE

Name			Semester/Year		
	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
8:00	☐	☐	☐	☐	☐
8:30	☐	☐	☐	☐	☐
9:00	☐	☐	☐	☐	☐
9:30	☐	☐	☐	☐	☐
10:00	☐	☐	☐	☐	☐
10:30	☐	☐	☐	☐	☐
11:00	☐	☐	☐	☐	☐
11:30	☐	☐	☐	☐	☐
12:00	☐	☐	☐	☐	☐
12:30	☐	☐	☐	☐	☐
1:00	☐	☐	☐	☐	☐
1:30	☐	☐	☐	☐	☐
2:00	☐	☐	☐	☐	☐
2:30	☐	☐	☐	☐	☐
3:00	☐	☐	☐	☐	☐
3:30	☐	☐	☐	☐	☐
4:00	☐	☐	☐	☐	☐
5pm - 9pm	☐	☐	☐	☐	☐

Please print completed form and fax, mail or hand deliver to the Student Health Center.

Print Form