

STUDENT ASSISTANT APPLICATION

Applying for academic year _____

Please complete this form in black ink and send directly to:

Middle, Secondary and Mathematics
Education Department
MSC 6912
Harrisonburg, VA 22807

OR

Drop off for
Emily Stewart in Memorial Hall 3200

Students must apply for each academic year in which they are interested in a Student Assistantship. Positions are open until filled. Review of applications for each upcoming academic year starts March 1.

Name:		JACard Number:
Permanent Address:		Permanent Phone:
City:	State:	Zip Code:
Mailing Address:		Local Phone:
City:	State:	Zip Code:
State of Legal Residence:	US Citizen: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Major Program of Study:	Email:	
Type of Undergraduate Degree/Major:		
Computer Skills:		

List your last three employment assignments of two months or more, including part-time work. State most recent first.

Position	Place of Employment	Dates	Supervisor
Duties			
Duties			
Duties			

(You may attach a resume

Signature of Applicant: _____

Date: _____