

HEALTH PROFESSIONS STUDENT CENTER
SUMMER 2022 EMPLOYMENT APPLICATION

Name _____
Last First Middle Initial

WSU ID _____ Class Standing _____

Major(s) _____

Minor _____ Anticipated Graduation Date _____

GPA (3.0 or above required) Cumulative: _____ Semester: _____

Email _____ Phone # _____

Campus Address

Permanent Address

Ethnic Background (OPTIONAL):

- | | |
|---|---|
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> Asian American |
| <input type="checkbox"/> African American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Other (please specify): _____ | |

PLEASE COMPLETE ITEMS 1 THROUGH 6 AND SIGN THE BOTTOM OF PAGE 2.
ALSO ATTACH A COVER LETTER AND CURRENT RESUME.

1. Are you available to work the dates specified in the job description? All advising will be in person.
 Yes No
2. Do you have any other commitments during June and July which may conflict with the Orientation dates?

3. Do you have any experience working with undergraduate students?

4. What experience do you have using MyWSU to plan and enroll courses?

5. Please list 3 references (e.g., current or former professor, former boss, coach, etc.)

Name	Title	Contact information (email, phone)
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6. How did you hear about this position?

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Poster | <input type="checkbox"/> Handshake |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Email | <input type="checkbox"/> Twitter |
| <input type="checkbox"/> Other (please explain): _____ | |

Signature

Date

(ALL INFORMATION IN THIS APPLICATION IS CONFIDENTIAL)

Contact LeeAnn Tibbals (ltibbals@wsu.edu) with any questions about the application.

**Please submit your completed application by
May 20, 2022, at 5:00 PM, online to ltibbals@wsu.edu**