



UC San Diego Bookstore

EMPLOYMENT APPLICATION FORM

ucsandiegobookstore.com   

Last Name: _____ First Name: _____ Middle Initial: _____

Permanent Address: _____

Local Address: _____ E-mail: _____

Phone Number: _____ Job Number: _____ Job Title: _____

Relatives Employed at UCSD: Yes No

Name: _____ Relationship: _____ Department: _____

Work Study: Yes No If "yes" please enter limit amount: _____

Prior UC Employment:

Department: _____ End Date: _____ Supervisor: _____ Phone: _____

EMPLOYMENT HISTORY

| Firm Name/Address | | Position title and description of duties | Total Years/Months | No. hours per week |
|-------------------|--|--|--|--------------------|
| | | | | |
| | | | | |
| Telephone | | | May we contact? | Reason for leaving |
| Type of Business | | Supervisor | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | |

| Firm Name/Address | | Position title and description of duties | Total Years/Months | No. hours per week |
|-------------------|--|--|--|--------------------|
| | | | | |
| | | | | |
| Telephone | | | May we contact? | Reason for leaving |
| Type of Business | | Supervisor | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | |

Are you a GRADUATE student? (check one) Yes No

Are you an INTERNATIONAL student? (check one) Yes No

Signature: _____ Date: _____

FOR OFFICE USE ONLY

revised 11/19/20

Student I.D. No. _____ Registered: _____

HR Approval: _____ LP Approval: _____