

**UNIVERSITY OF FLORIDA
DEPARTMENT OF HOUSING
and Residence Education**

Student Assistant Staff Application

For Office Use Only	
GPA: _____ Semester	_____ Cumulative
Priors: _____	
Others: _____	
Eligible for Rehire	<input type="checkbox"/> Yes <input type="checkbox"/> No

POSITION APPLYING FOR: (Check all that apply):

- | | |
|-----------------------------|---------------------------|
| _____ Desk Assistant | _____ Furniture Mover |
| _____ Weight Room Assistant | _____ Security Assistant |
| _____ Resident TV | _____ Help Desk Assistant |
| _____ Other: _____ | |

DATE AVAILABLE FOR EMPLOYMENT: _____ Fall Semester 20____ Summer A Term 20____
 _____ Spring Semester 20____ Summer B Term 20____

ARE YOU CERTIFIED FOR FEDERAL WORK-STUDY FUNDS? Yes No

NAME: _____ **PHONE:** (____) _____

ADDRESS (LOCAL): _____

ADDRESS (PERMANENT): _____

CITY: _____ **STATE:** _____ **ZIP:** _____

UF ID #: _____ - _____ **EMAIL ADDRESS:** _____ **CUMULATIVE GPA:** _____

LAST GPA: _____ **ACADEMIC CLASSIFICATION:** _____ **MAJOR:** _____

LIST DATES AND NATURE OF ANY DISCIPLINARY ACTION TAKEN AGAINST YOU BY THE UNIVERSITY OR THE DEPARTMENT OF HOUSING AND RESIDENCE EDUCATION:

RESIDENCE HALLS LIVED IN:

AREA	HALL	FROM (MONTH/YR)	TO (MONTH/YR)
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PLEASE LIST TWO LOCAL REFERENCES (CURRENT OR PAST HOUSING STAFF PREFERRED)

Name	Position	Address	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Have you previously, or are you currently working on campus? Yes No

Experience relevant to requested position.

Employer Name	Phone #	Duties
_____	_____	_____
_____	_____	_____

The staff and students that make up the Department of Housing and Residence Education come from diverse backgrounds and social groups. We encourage the acceptance and appreciation of people in relation to race, gender, age, ethnicity, physical ability, sexual orientation, socioeconomic status, or religious affiliation. We believe that each person has worth and should be treated with dignity and respect. This commitment needs to be supported by all the staff and students that work and live within our communities.

Please complete the class schedule section below indicating your class commitments for the semester/term in which you wish to begin work. Please note hours in “Class Begins” and “Class Ends” columns.

Name: _____ **Semester:** _____

Period	Class Begins	Class Ends	Monday	Tuesday	Wednesday	Thursday	Friday
1 st							
2 nd							
3 rd							
4 th							
5 th							
6 th							
7 th							
8 th							
9 th							
10 th							
11 th							
E1							
E2							
E3							

1. Only United States (U.S.) citizens or aliens who have a legal right to work in the U.S. are eligible for employment. **Are you presently eligible to work in the United States?** Yes No

Note: Federal law requires proof of your authorization to work in the United States. If hired, you will be required to provide proof of your identity and employment eligibility within three (3) days of employment.

2. **If you are a male between the ages of 18 and 26, are you registered with the selective service?** Yes No

3. **Are any of your relatives employed by the University of Florida?** *Yes No

**If yes, please list name(s), relationship(s), and department(s) where employed.*

4. **Have you ever pleaded “nolo contendere” to or been convicted or found guilty (even if adjudication withheld) of a first-degree (or equivalent level) misdemeanor or felony?** *Yes No **If yes, list date; (mo/yr)_____.* **If yes, also list the offense and final disposition (please explain fully in space below):*

Note: A conviction will not necessarily bar you from consideration. Each conviction will be reviewed with respect to date, circumstances, seriousness, and the position for which you have applied. Under certain circumstances, individuals who have been convicted of a felony involving the sale or trafficking in, or conspiracy to sell or traffic in, a controlled substance as described in Chapter 90-266, Florida Statutes may be disqualified from applying for state employment.

5. **Have you ever been terminated from or resigned in lieu of termination from a job?** *Yes No

**If yes, please provide employer’s name, dates of employment, and specific information below:*

Note: A response of “yes” will not necessarily bar you from employment. Each case will be judged on its own merit with respect to time, circumstances, seriousness, and the position for which you are applying.

APPLICANT ACKNOWLEDGMENT: I authorize the University of Florida to verify all information in this application and any supplement hereto. I certify that the above statements are true and complete to the best of my knowledge. I further understand that any false statements made by me on this application or any supplement hereto may be grounds for immediate discharge or rejection from consideration for further employment opportunities.

Applicant’s Signature: _____ Date: _____