

# UC SANTA BARBARA Testing Center

1208 Old Gym (Building 479)  
Santa Barbara, CA 91306-3205

**Phone:** (805) 893-6041

**Email:** support@testingcenter.ucsb.edu

## Student Worker Employment Application

### APPLICANT INFORMATION

Perm Number:

Last Name:

First Name:

Current Address:

Permanent Address:

Cell Phone:

UCSB Email:

### ACADEMIC INFORMATION

Major:

Class Standing:

Enrolled Units:

Cumulative GPA:

Anticipated Graduation Date:  
(i.e., Spring 2022)

Work Study Awarded:

Work Study Award Amount:

### SKILLS

Typing (WPM):

Softwares Used:

**Do you have experience in the following areas?** Select all that apply.

Customer Service

Answering Phones

Data Entry

Proofreading

Task Switching

Time Management

Filing

Written Communication

Other Skills:

## APPLICANT AVAILABILITY

When are you available to work? Please select all the time blocks you are available to work.

**Note:** Student Workers' work schedules are based on the needs of the office. Student Workers may work a minimum of 12 hours per week and a maximum of 19.5 hours per week for all campus employment combined.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8 am to 11 am	8 am to 11 am	8 am to 11 am	8 am to 11 am	8 am to 11 am	8 am to 11 am
11 am to 2 pm	11 am to 2 pm	11 am to 2 pm	11 am to 2 pm	11 am to 2 pm	11 am to 2 pm
2 pm to 5 pm	2 pm to 5 pm	2 pm to 5 pm	2 pm to 5 pm	2 pm to 5 pm	2 pm to 5 pm
5 pm to 8 pm	5 pm to 8 pm	5 pm to 8 pm	5 pm to 8 pm		

## EMPLOYMENT HISTORY

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ City & State: \_\_\_\_\_ Phone: \_\_\_\_\_

Duties:

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ City & State: \_\_\_\_\_ Phone: \_\_\_\_\_

Duties:

May we contact your present and/or previous employer(s)?      Yes      No

## REFERENCES

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature: \_\_\_\_\_

Date \_\_\_\_\_