

ITS Student Employment Application



The University of New Mexico
 Information Technology Services
 MSC02 1520
 1 University of New Mexico
 Albuquerque, NM 87131-0001

APPLICATION DATE: _____

GENERAL INFORMATION

NAME (LAST FIRST MIDDLE)			POSITION APPLYING FOR:			
STREET ADDRESS			<input type="checkbox"/> Student Computer Consultant (Computer Pods) <input type="checkbox"/> Technical Support Consultant (Support Center)			
CITY		STATE	ZIP	EMAIL ADDRESS		GRADUATION DATE
TELEPHONE-HOME	TELEPHONE-WORK		BANNER ID		HRS PER WEEK DESIRED	
LIST BELOW THE HOURS YOU ARE AVAILABLE TO WORK (EG 2-4PM, 7-11AM)						DATE AVAILABLE
SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
WORKSTUDY QUALIFIED						<input type="checkbox"/> YES <input type="checkbox"/> NO

COMPUTER SKILLS

Please rate your skills using the following scale: 0 = No Experience 1 = Beginner 2 = Intermediate 3 = Advanced 4 = Expert	<u>Internet Tools</u> __LoboWeb __FastInfo __Firefox __Internet Explorer __Mulberry __Pine __Safari __SSH/SFTP/Fugu __UNM Web Portal __UNM Webmail	<u>Applications</u> __Adobe Photoshop __Citrix __MATLAB __MS Excel __MS PowerPoint __MS Word __OpenOffice __Scanning Software __X11 (OS X) __XWin32	<u>Operating Systems</u> __MS-DOS __OS X __Linux/UNIX __Windows 2000 __Windows 9x/ME __Windows Vista __Windows XP	<u>Languages</u> __Apple Script __C/C++ __ColdFusion __HTML __Java __JavaScript __PHP __Shell Scripting __SQL __Visual Basic	<u>Hardware</u> __General Mac __General PC __Laser Printers __Monitors __Networking __Optical Drives __Scanners __USB Devices __Wireless Networking
---	---	--	---	---	---

Please indicate any further information that may be useful in evaluating your skills. List any areas of experience that are not indicated above:

Computer Courses Taken: (Give specific examples)	
---	--

Customer Service Skills/Experience: (Give specific examples)	
---	--

WORK EXPERIENCE

ENTER THE EMPLOYERS FOR WHOM YOU HAVE WORKED BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER.

EMPLOYER		POSITION	
ADDRESS		DUTIES	
CITY	STATE	ZIP	DATES OF EMPLOYMENT (MONTH/YEAR)
PHONE		SUPERVISOR	NAME/TITLE
START:		END:	
REASON FOR LEAVING			

EMPLOYER		POSITION	
ADDRESS		DUTIES	
CITY	STATE	ZIP	DATES OF EMPLOYMENT (MONTH/YEAR)
PHONE		SUPERVISOR	NAME/TITLE
START:		END:	
REASON FOR LEAVING			

EMPLOYER		POSITION	
ADDRESS		DUTIES	
CITY	STATE	ZIP	DATES OF EMPLOYMENT (MONTH/YEAR)
PHONE		SUPERVISOR	NAME/TITLE
START:		END:	
REASON FOR LEAVING			

EDUCATION

SCHOOL	NAME AND LOCATION	YEARS COMPLETED	DEGREE?	MAJOR/FOCUS
COLLEGE				
HIGH SCHOOL				
OTHER				
OTHER				

OTHER CERTIFICATIONS AND TRAINING

REFERENCES

NAME	OCCUPATION	PHONE NUMBER

CONFIDENTIALITY OF INFORMATION

Information Technology Services and the University of New Mexico will endeavor to keep the information contained in this application confidential to the extent permitted by law.

APPLICANT'S CERTIFICATION

I understand and agree that:

1. The information provided in this application is accurate.
2. The University may investigate my former work history and contact the references listed.
3. I understand any employment I am offered may be subject to changes in hours worked or salary rate and may be terminated at any time

I have read and understand the above, and agree to all provisions.

Signature: _____ Date: _____

When complete, please save (must have Adobe Acrobat version 7.0 or later) and email along with your resume to the email listed on the job posting. You will be asked to sign during your interview.