



APPLICATION FOR STUDENT EMPLOYMENT
(Campus Employment Only)

Instructions: This form is intended for full-time Homewood-based students who are seeking employment with an individual department within the Johns Hopkins community.

Full Name: last First MI Social Security Number (Last 4 Digits):

Local Address: Local Phone: -

Perm. Address: Home Phone: -

Email:

Major:

Class Standing: Freshman Sophomore Junior Senior Graduate Student

Enrollment Status: Full-Time Part-Time

PLEASE STATE HOURS AVAILABLE FOR WORK:

Table with 8 columns (Sunday-Saturday) and 2 rows (A.M., P.M.) for availability.

How many hours per week do you wish to work? (20 hrs/wk max. during the academic semester):

Are you available for Fall? Intersession? Spring? Summer?

Have you been employed by Johns Hopkins University previously? Yes No

Are you a Federal Work-Study recipient? Yes No

Are you a U. S. citizen? Yes No

Relevant paid or volunteer work experiences:

1. Employer/Department: Position:

Address: Phone: ( )

Supervisor: Dates of Employment: from to

Job Duties:

2. Employer/Department Position

Address Phone ( )

Supervisor Dates of Employment: from to

Job Duties:

3. Employer/Department \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Supervisor \_\_\_\_\_ Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_  
Job Duties: \_\_\_\_\_

**Special Skills:**

\_\_\_\_\_  
\_\_\_\_\_

**Awards/Honors:**

1. Title: \_\_\_\_\_ Date \_\_\_\_\_  
Award by: \_\_\_\_\_  
2. Title: \_\_\_\_\_ Date \_\_\_\_\_  
Award by: \_\_\_\_\_

**Co-Curriculum Activities:**

1. Group or Organization: \_\_\_\_\_ Date \_\_\_\_\_  
Activity: \_\_\_\_\_  
2. Group or Organization: \_\_\_\_\_ Date \_\_\_\_\_  
Activity: \_\_\_\_\_

**References:**

1. \_\_\_\_\_  
Name (Full) Phone number Relationship  
2. \_\_\_\_\_  
Name (Full) Phone number Relationship

I authorize you to contact my former employers and/or references. Yes \_\_\_\_ No \_\_\_\_

**Person to contact in case of emergency:**

\_\_\_\_\_  
Name (Full) Phone number Relationship  
\_\_\_\_\_  
Signature of Applicant Date

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