

UMass – Boston Campus Center Job Application

Campus Center Administration, U330, Campus Center

Phone: (617) 287-4800 _ Fax: (617) 287-4810 _ Email: campus.center@umb.edu

Date: _____

Last Name: _____ First name: _____

Student ID: _____ Social Security # _____

Local Address: _____

Phone: (Home) _____ (Cell): _____

Email: _____ Graduate/ Undergraduate: _____

Federal Work Study (Yes/No): _____ Work Study Allotment (\$\$) _____

Major: _____ Year (F/S/Jr./Sr.): _____

Please rank the following Campus Center jobs from 1-4, according to your preference (1= most preferred):

- | | |
|--|--|
| _____ Assistant Building Manager (ABM) | _____ Information Center Assistant (ICA) |
| _____ Office Assistant (OA) | _____ Event Setup Assistant (ESA) |

How many semesters have you studied at UMB (put NA if a fresher): _____

Please state why you are interested in the position you have chosen:

Dates of Employment	Name of Organization	Title of Position	Duties & Responsibilities	Reason for Leaving

Please list any special technical skills, experience, or interests you may have (i.e., word processing, computer skills, etc.):

Please put an "X" in the time blocks you are **AVAILABLE TO WORK (Current or Coming Semester)** in the campus center. Your supervisor will use this information to create a permanent work schedule for the term. **All Asst. Building Managers (ABM) and Info Center Asst. (ICA) must be available to work at least one early morning, late night and weekend.**

Time	6 am	7 am	8 am	9 am	10 am	11 am	12 pm	1 pm	2 pm	3 pm	4 pm	5 pm	6 pm	7 pm	8 pm	9 pm	10 pm
Monday																	
Tuesday																	
Wednesday																	
Thursday																	
Friday																	
Saturday																	
Sunday																	

I declare the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that if employed, any falsification, misstatement, or omission of fact in connection with my application, whether on this document or not, may result in immediate termination of employment. I authorize you to verify any and all information provided above.

Signature: _____ Printed Name: _____ Date: _____

NOTE: All applications are kept on file for 2- semesters. You will need to reapply after this time has expired.