Student Life Student Health Services – Student Application

Name _____   **Date** _____

OSU E-mail _____ _   **Personal E-mail** _____

University ID# _____   **Class Rank (circle one) 1 2 3 4 Grad**

College/Major _____   **Work Study (yes or no)?** _____

Address _____   **Phone Number(s)** _____
              (Street)   (City)   (State)   (Zip Code)

Relevant Skills/Experiences (circle one):
Microsoft Word   *Excel*   *PowerPoint*   *Filing*   *Cashier*
Customer Service   *Accounting*   *Medical Terminology*   *Other* _____

Areas in which you are interested in working (circle all that apply):
Any Available Position   *Resource Management*   *Medical Records*   *Pharmacy*
Physical Therapy/Athletic Training   *Radiology*   *Patient Accounts & Insurance*

Work or Volunteer Experience:
1. _____
          (Position)   (Employer)   (City)   (State)   (Dates of Employment)

_____
          (Description of responsibilities)

2. _____
          (Position)   (Employer)   (City)   (State)   (Dates of Employment)

_____
          (Description of responsibilities)

3. _____
          (Position)   (Employer)   (City)   (State)   (Dates of Employment)

_____
          (Description of responsibilities)

Campus or Community Involvement:
1. _____
          (Organization)   (Dates of Involvement)   (Position –if relevant)

2. _____
          (Organization)   (Dates of Involvement)   (Position –if relevant)

References: (Individuals able to describe work-related skills and experiences)
1. _____
          (Name)   (Position)   (Relationship to Applicant)   (Phone)

2. _____
          (Name)   (Position)   (Relationship to Applicant)   (Phone)

Approximate number of hours desired to work per week: _____
          (***must commit to working a minimum of 8 hours per week***)

How did you learn about employment opportunities at Student Life Student Health Services (SLSHS)?

Please attach a copy of your current schedule. SLSHS will keep this application on file for one year.