

NORTHERN ILLINOIS UNIVERSITY
 CAMPUS CHILD CARE
 DeKalb, IL 60115
 815-753-0125 FAX 815-753-8502

JOB APPLICATION

_____ Date Submitted

_____ Semester Requesting Employment

Name _____ Birth date _____

First Middle I. Last

E-Mail address _____ Employee ID _____

Present Address	Permanent Address
Phone #	Phone #
Cell Phone #	

Seeking: Student employment Volunteering Internship

Time available for work (days and hours) _____

Are you eligible for Work Study _____ Year in school _____ Major _____

Employment Background: (Include paid and unpaid work experience for the past five years, especially experiences working with children.)

Please start with your most recent job.

From	To	Work name and address	Description of Job

(If more space is needed, please use the other side of this form)

REFERENCES: (Include name, complete address with zip code and phone number.)

1. _____
2. _____
3. _____