TRUMAN STATE UNIVERSITY UPWARD BOUND PROGRAM

OFFICE ASSISTANT APPLICATION

PERSONAL DATA:					
Last Name	First Name		MI	Social Security Number	
ddress City, State			Zip	Telephone Number	
Permanent Address (if different) City, State		Zip		Telephone Number	
Please indicate your availability—	-ideal would include	e some times bety	ween 11am-2 ₁	om.	
FALL SEMESTER	<u>TIME</u>	SPRING SEMEST		<u>TIME</u>	
M					
Wad					
TD1					
г.			г.		
Please indicate the ideal number of	of hours per week yo	ou wish to work:			
Are you eligible for Workstudy?	J.	YES	NO		
Do you need to complete Scholars	shin hours?	YES	NO		
If yes, how many hours per semes	•	I LO	NO		
Do you have experience with grap	ohic design, desktop	publishing or we	eb design? Pl	ease describe:	
PLEASE CHECK () THE OF Typewriters wpm_					
Computers IBM?	Other? Access?_				
Software Word	? Access?_	Excel?_			
Other software? Please	e list:				
Other computer equip	ment? Please list:				
Photocopiers					
PLEASE COMPLETE THE FO	LLOWING:				
How familiar are you with the Tru	ıman campus, admi	nistrative offices	and personne	1?	
←9	876-	543	31	>	
Completely			T	otally	
Familiar				Infamiliar	

	miliar are you with Trus, vehicle reservations,		and procedures	(i.e., purc	hasing system, printing	services,			
	∠ 10	987	6 5 1	3 2	1 ->				
	Completely	90/	04	2	Totally				
	Familiar				Unfamiliar				
How we	ould you rate the QUA	LITY of your typing	production skill	s?					
	←10	987	654	32	1 >				
Extremely				_	Extremely				
	High Quality				Low Quality				
How we	ould you rate your proc	of reading skills?							
	←10	987	654	32	1→				
	Extremely				Extremely				
	High Quality				Low Quality				
EMPLOYMENT RECORD: [Most recent first; Please note part-time (PT) or full-time (FT)]									
	Employer	Position	Dates	PT/FT	Supervisor—Nam	e/Phone			
			Mo./YrMo./Yr.						
			WIO./ 11WIO./ 11.						
			Mo./YrMo./Yr.						
			Mo./YrMo./Yr.						
EDUC	ATIONAL DATA: (If	presently pursuing a	degree, list degr	ee and dat	te anticipated.)				
Name of School		Major/I	Degree	Date Received	GPA				
High School	ol:			_					
College:									
College:									
College:									
REFE	RENCES: (Only refer	ences from full-time (Relationship	professionals.)		Address/Telephone				
1.	rvaine	Actationship			Address/Telephone				
2.									
4.									
3.									
	e that to assure consider if available.	ration of my applicat	ion, I must attach	ı a college	e transcript(s). Feel free	e to attach a			
Signature					Date				