

BARD COLLEGE

APPLICATION FOR STUDENT EMPLOYMENT/PHYSICAL PLANT

NAME: _____

CAMPUS PHONE #: _____

CELL PHONE #: _____

EMAIL ADDRESS: _____

POSITION APPLYING FOR: Horticulture _____ Office _____ Grounds _____
Electrical _____ Mechanic _____ Other _____

Hours you can work:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	WEEKENDS

Total Weekly hours _____

What qualifies you to work in the position you are applying for?

When can you start? _____

Work-Study Non Work-Study

Will you need summer housing (if applicable)? Yes No

Have you completed tax forms for Bard employment before? Yes No

Please list any allergies you have (Especially if outdoor related).

SIGNATURE: _____

DATE: _____