



Application Form for Administrative Position

Personal Information

First name	<input type="text"/>	<input type="text"/>	Last name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>	Zip code	<input type="text"/>
Home phone	<input type="text"/>	<input type="text"/>	Cell phone	<input type="text"/>	<input type="text"/>
E-mail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Academic Information

Enrolled at CMU:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Major	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Concentrations in	<input type="text"/>	and	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Department	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Year	<input type="checkbox"/>	freshman	<input type="checkbox"/>	sophomore	<input type="checkbox"/>	junior	<input type="checkbox"/>	senior

Financial Information

Are you eligible for Federal Work-Study?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Experience

Please list previous administrative/clerical experience.	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Please indicate below specific experience/skills you have:	<input type="checkbox"/>
<input type="checkbox"/> Clerical/Mass mailings/Telephone Reception	<input type="checkbox"/>
<input type="checkbox"/> Web maintenance and Development	<input type="checkbox"/>
<input type="checkbox"/> Event Staffing	<input type="checkbox"/>
<input type="checkbox"/> Education	<input type="checkbox"/>

<input type="checkbox"/> Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please list other experience or special skills that you bring to MSOP:			
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Availability

How many hours per week are you available to work?	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
Please indicate when you are available every day:	<input type="checkbox"/>
Monday	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Tuesday	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Wednesday	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Thursday	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Friday	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Saturday	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Signature of Applicant	<input type="checkbox"/>	Date	<input type="checkbox"/>
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