



Student Worker Information Request

Contact Information

Name:	
Address:	
Phone:	Text? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	

School Information

School Attending: <input type="checkbox"/> QU <input type="checkbox"/> Culver <input type="checkbox"/> BRCN	Level: <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior
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Work Experience (*List most recent first*)

Employer:	Dates:
Job Duties:	
Employer:	Dates:
Job Duties:	
Do you currently work for Blessing Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes: Department:	Employee ID: Supervisor:

References

Please list name and contact information for two faculty/staff references from BRCN or partner campus.

- 1.
- 2.

Please list name and contact information for one outside reference.

- 1.

Area(s) of Interest

Please mark the area(s) you are interested in:

<input type="checkbox"/> Admissions	<input type="checkbox"/> Registrar
<input type="checkbox"/> Financial Aid	<input type="checkbox"/> Simulation Center
<input type="checkbox"/> Information Technology (IT)	<input type="checkbox"/> Student Accounts
<input type="checkbox"/> Library	<input type="checkbox"/> Student Services
<input type="checkbox"/> Main Office	

Please indicate your proficiency with the listed Office products:

Word: Low Solid High **Excel:** Low Solid High

Signature _____

Date _____

Please return form to the Student Services Officer or email to studentservices@brcn.edu