BLESSING-RIEMAN
College of Nursing & Health Sciences

Student Worker Information Request

Contact Information

Name:
Address:
Phone:
Email:

School Information

School Attending: ☐ QU ☐ Culver ☐ BRCN	Level: ☐ Sophomore ☐ Junior ☐ Senior

Work Experience *(List most recent first)*

Employer:	Dates:
Job Duties:	
Employer:	Dates:
Job Duties:	
Do you currently work for Blessing Hospital? ☐ Yes ☐ 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:

☐ Admissions/Front Desk
☐ Library
☐ Peer Tutor
☐ Registrar
☐ Simulation Center

Please list your current availability to work below:

_____ _____

Signature Date