

**ATHLETIC TICKET OFFICE EMPLOYMENT APPLICATION
WESTERN MICHIGAN UNIVERSITY**

NAME: _____ **E-Mail Address:** _____

LOCAL CURRENT ADDRESS: _____

_____ Phone: _____

PERMANENT ADDRESS: _____

_____ Phone: _____

WHY does this job interest you? _____

Are you available to work for at least **one full academic year**? YES _____ NO _____

OTHER COMMITMENTS: _____

Circle year in school (next semester). **Attach class schedule for NEXT semester.**

1st year Sophomore Junior Senior Grad Student

Major/Minor _____

Desired work hours per week _____

PREVIOUS EMPLOYERS/DATES OF EMPLOYMENT

Employer & Phone #: _____

Dates of Employment: _____

Reason for Leaving: _____

Employer & Phone #: _____

Dates of Employment: _____

Reason for Leaving: _____

PROFESSIONAL AND PERSONAL REFERENCES (Name and Relationship)

1. _____ Phone #: _____

2. _____ Phone #: _____

