

# University of Minnesota Bookstore

## Application for Employment

Please return the application in person or by mail to:

University of Minnesota Bookstore  
Coffman Memorial Union  
300 Washington Avenue SE  
Minneapolis, Minnesota 55455

The University of Minnesota is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status, or sexual orientation.

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Today's Date: \_\_\_\_\_

### Personal Information

\_\_\_\_\_  
Name (First, Middle, Last)

\_\_\_\_\_  
Local Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Cell phone

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Student ID

\_\_\_\_\_  
What date are you available to begin working?

\_\_\_\_\_  
If hired, can you provide proof of right to legally work in the United States?

\_\_\_\_\_  
Are you age 16 or older?

\_\_\_\_\_  
Have you had cashier/cash handling experience?

\_\_\_\_\_  
Have you worked in a customer service environment?

\_\_\_\_\_  
Are you currently working in a student position within the University?

\_\_\_\_\_  
Do you have any scheduling conflicts?

Education & Training

Current student status (circle one):

PSEO      1st Year      2nd Year      3rd Year      4th year      5th year      Graduate

Current Course of Study: \_\_\_\_\_

Name of Schools Attended and Location	Course of Study	Months Attended	Diploma or Certificate

Work Experience

Starting with your present or most recent employer, list all work experience relevant to the positions for which you are applying.

Present or last employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Total Months Employed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Address/City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Specific Responsibilities:  
\_\_\_\_\_  
\_\_\_\_\_

Second last employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Total Months Employed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Address/City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Specific Responsibilities:  
\_\_\_\_\_  
\_\_\_\_\_

Read and Sign

To the best of my knowledge the information included in this application is true. I understand that misrepresentation of facts in connection with my application may be sufficient cause for termination when discovered. I also understand that if I fail to register, fall below the required credits or cancel my registration, my student appointment is no longer valid.

I understand that this application is for the University of Minnesota Bookstore purposes only and does not constitute application with the University of Minnesota Student Employment Center. Application with the Student Employment Center is also required for employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_