



APPLICATION FOR EMPLOYMENT

Office of Financial Aid & Scholarships Mission Statement

The Office of Financial Aid & Scholarships at Metropolitan State University of Denver plays an important role in each financial aid applicant's education. In our office we must collaborate to provide fast, friendly, accurate information to our customers, the students. Based on this philosophy, it is the mission of the Office of Financial Aid & Scholarships to:

- Provide financial aid information that is accurate and complete.
- Answer questions, advise options, & process paperwork regarding grants, loans, workstudy, verification, scholarships, etc.
- Embrace and celebrate the similarities and differences of all people equally.
- Provide leadership and development opportunities for staff and students alike.
- Promote an environment of responsibility and knowledge among all staff members as well as students.

Please attach your resume and complete the following application to be considered for employment within the Office of Financial Aid & Scholarships (SSB 130, Area 6).

| | |
|--------------|-------|
| Last Name | _____ |
| First Name | _____ |
| M.I. | _____ |
| Student ID# | _____ |
| Date of Hire | _____ |

For Office Use Only

Office of Financial Aid & Scholarships

Student Employment Application

Please Type (or Print Clearly Using Blue or Black Ink)

Position applying for _____ Date _____
Name _____ ID# 900- _____
Address _____ Phone _____
_____ Email _____@msudenver.edu

Year in School Freshman _____ Sophomore _____ Junior _____ Senior _____
Expected year of graduation 20 _____
Major _____ Minor _____ GPA _____
Have you completed the Free Application for Federal Student Aid (FAFSA) Yes _____ No _____
Did you receive Workstudy? No _____ Yes _____ If so, do you know how much? _____

References

Please list three professional references.

Full name Relationship

Company Phone

Address

Full name Relationship

Company Phone

Address

Full name Relationship

Company Phone

Address

Previous Work Experience

Most recent first, if more space is needed use additional page.

From _____
Mo Yr _____
To _____
Mo Yr _____
Hours per week _____
Hourly Wage _____
Name of Employer Phone
Address, City, State, ZIP
Immediate Supervisor Your Job Title
Duties
Reason for leaving

From _____
 Mo Yr _____
 Name of Employer _____ Phone _____

To _____
 Mo Yr _____
 Address, City, State, ZIP _____

Hours per week _____
 Immediate Supervisor _____ Your Job Title _____

Hourly Wage _____
 Duties _____
 Reason for leaving _____

From _____
 Mo Yr _____
 Name of Employer _____ Phone _____

To _____
 Mo Yr _____
 Address, City, State, ZIP _____

Hours per week _____
 Immediate Supervisor _____ Your Job Title _____

Hourly Wage _____
 Duties _____
 Reason for leaving _____

May we contact your former employer(s)? Yes _____ No _____

CLASS SCHEDULE FOR (semester) _____

| Time | Mon | Tues | Wed | Thurs | Fri |
|---------|-----|------|-----|-------|-----|
| 8:00am | | | | | |
| 9:00am | | | | | |
| 10:00am | | | | | |
| 11:00am | | | | | |
| 12:00pm | | | | | |
| 1:00pm | | | | | |
| 2:00pm | | | | | |
| 3:00pm | | | | | |
| 4:00pm | | | | | |
| 5:00pm | | | | | |
| 6:00pm | | | | | |

"X" out hours that you are in class and **unavailable** to work this semester

- Number of credits this semester _____
 - Number of hours available for work _____
 - Date available to start _____
-

**PLEASE ANSWER THE FOLLOWING QUESTIONS AS THEY RELATE TO THE POSITION
FOR WHICH YOU ARE APPLYING.**

1. What personal skills do you possess that would ensure your success for the job you are applying for in the Office of Financial Aid & Scholarships (administrative, computer skills, customer service, special training, etc.)?
2. Frequently the Office of Financial Aid & Scholarships is very busy and demands attention to detail. Can you tell us about a past work experience how you dealt with multitasking under pressure?
3. What do you hope to gain from working in the Office of Financial Aid & Scholarships?
4. Is there any additional information you would like to include for consideration for the position you are applying for?

PLEASE READ THE FOLLOWING PARAGRAPH AND SIGN BELOW.

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application shall be considered active for a period of time not to exceed 180 days whether or not applications are being accepted at that time.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. I further understand that this "at will" employment relationship may not be changed by conduct, oral promise or written document unless such change is specifically acknowledged in writing by the Director or Associate Director of Financial Aid.

In the event that I am employed by the Office of Financial Aid & Scholarships, I understand that false or misleading information given in my application and/or interview(s), or significant omissions may result in termination of employment. I understand also, that I am required to abide by all the rules and regulations of the Office of Financial Aid & Scholarships.

In the event that I am employed by the Office of Financial Aid & Scholarships, I further authorize the release of information pertaining to my job performance and conduct to other qualified parties.

Signature _____ Date _____

FOR OFFICE USE ONLY

Interview Position _____

Work Study Amount \$ _____ Type CWS _____ FWS _____ NNWS _____

Pay Rate _____ Position Level _____ Step _____

Date Hired _____ Probationary Period _____ to _____

Not Hired _____ Reason for non-hire _____
