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ARKANSAS STATE UNIVERSITY
MOUNTAIN HOME



ASUMH Work Experience Program Application

Date _____

Name _____

Address _____

City/State/Zip _____

Home telephone _____ Cell _____

Email address _____

Date of birth _____

Emergency contact name _____ Telephone _____

I understand I may come into contact with confidential information while employed at ASUMH. I agree not to use or disclose any confidential information during my employment at ASUMH.

Signature _____

Have you ever been charged with a criminal offense/felony? Yes No

If you answered "yes", please explain: _____

Are you required to register as a sex offender? Yes No

Preferred day(s):

- ____ Monday
- ____ Tuesday
- ____ Wednesday
- ____ Thursday
- ____ Friday

Times you are available:

- ____ Morning from ____ to ____
- ____ Afternoon from ____ to ____

Availability:

- ____ Long term (weekly)
- ____ Occasional (monthly)
- ____ On call as needed
- ____ One time special project(s)

List skills/special interests: _____

Work Experience will strive to place you in the area in which you would most like to serve, but may place you in an area of greatest need. Thank you for your willingness to serve where needed most!