



**SUNY College at Brockport  
Office of Student Accounts  
Student Employment Application**

Name: \_\_\_\_\_ Student ID No.: \_\_\_\_\_

Local Address: \_\_\_\_\_ Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Local Phone: (\_\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Type of Employment (Circle One):                  College Work-Study                  Temp Services

Amount of Work-Study Awarded: \$ \_\_\_\_\_

List any office equipment and computer programs you are familiar with:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Prior Work Experience:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List any particular skills you would like to acquire working in the Office of Student Accounts:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you available to, or interested in, working intersession or summer?  
 (Please circle)                  Intersession:    YES    NO                  Summer:    YES    NO

Please indicate below what days and times you are available to work:  
 Monday                  \_\_\_\_\_  
 Tuesday                  \_\_\_\_\_  
 Wednesday                  \_\_\_\_\_  
 Thursday                  \_\_\_\_\_  
 Friday                  \_\_\_\_\_

Please use the back of this form to list any additional information you would like us to know or to take into consideration for your employment at the Office of Student Accounts.