

UCSB CHILDREN'S CENTERS
APPLICATION FOR PART-TIME EMPLOYMENT

Name: _____

Local/Cell Telephone Number: _____

Permanent/Home Telephone Number: _____

Email address: _____

1. PREVIOUS EXPERIENCE: Please include length of time and responsibilities.

2. Are you a student at UCSB? Yes No

3. Are you participating in the workstudy program? Yes No

4. Have you ever been employed by the University of California? Yes No

Department and dates: _____

5. Have you EVER been convicted of a felony or misdemeanor which resulted in imprisonment or probation? Yes No

6. SPECIFIC SKILLS AND INTERESTS that you can use at the Children's Center:

7. PHILOSOPHY OF EDUCATION: Please take some time to write briefly about your attitude towards children and your philosophy of education.

APPLICANT SIGNATURE: _____ Date: _____

Due to the high volume of applications we are not always able to contact all applicants. You can check on the status of your application by emailing ofcc@sa.ucsb.edu. Applicants not interviewed are encouraged to reapply in future quarters. Your availability is a key factor in determining whether or not you are interviewed.

Name: _____

Quarter: _____

Please indicate your *availability*, giving yourself time to go to and from your classes.

Most shifts are: MWF or TR from approximately 9:00 to 1:00 or 12:00 to 5:30

Mark or shade ALL the times you are *available* to work.

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:30					
9:00					
9:30					
10:00					
10:30					
11:00					
11:30					
12:00					
12:30					
1:00					
1:30					
2:00					
2:30					
3:00					
3:30					
4:00					
4:30					
5:00					
5:30					

Local Address:
