



**THE UNIVERSITY OF LETHBRIDGE
STUDENTS' UNION**

4401 University Drive, Room SU180
Lethbridge Alberta, T1K 3M4
Ph: (403) 329-2222, Fax: (403) 329-2224
WWW.ULSU.CA

APPLICATION FOR EMPLOYMENT

THE UNIVERSITY OF LETHBRIDGE STUDENTS' UNION

Rm: SU180 - 4401 University Dr. - Lethbridge, AB - T1K 3M4 - Ph: (403)329-2222

Date:			
Name	First:	Middle Initial:	Last:
Phone Numbers	Home:	Work:	Cell:
Email:			
Mailing Address:			
Expected Date of Graduation from the U of L:			
Are you legally permitted to work in Canada? <i>(Please circle)</i> Yes or No			

EMPLOYMENT PREFERENCE *Please check position(s) you are applying for*

<input type="checkbox"/>	Pub bartender/server	<input type="checkbox"/>	Catering
<input type="checkbox"/>	Pub porter	<input type="checkbox"/>	Service Centre sales clerk, 2 nd level of the SUB
<input type="checkbox"/>	Pub security	<input type="checkbox"/>	Chief Returning Officer
<input type="checkbox"/>	Pub kitchen staff	<input type="checkbox"/>	

HOURS AVAILABLE TO WORK - *Must have at least 3 consecutive hours per time slot available.*

Day of the Week	Morning (7am - 12pm) <i>Please print hours available</i>	Afternoon (12pm - 6pm) <i>Please print hours available</i>	Evening (6pm - 2am) <i>Please print hours available</i>
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
How many hours per week would you like to work?			

Please include your class schedule with your application

EMPLOYMENT HISTORY

Employer:
Address:
Phone Number:
Date of Employment - <i>From:</i> <i>To:</i>
Your Position and Duties:

Employer:
Address:
Phone Number:
Date of Employment - <i>From:</i> <i>To:</i>
Your Position and Duties:

Employer:
Address:
Phone Number:
Date of Employment - <i>From:</i> <i>To:</i>
Your Position and Duties:

REFERENCES

Name:	
Address:	
Occupation:	
Phone Number:	Years Known:

Name:	
Address:	
Occupation:	
Phone Number:	Years Known: