



Brandywine Hall, room 003
Phone: (610) 436-2660
Fax: (610) 738-0591

Employment Application

Applicant Information

Full Name: Last First M.I. Date:

Campus Residence: Are you a commuter? Yes: No:

Mobile Phone: Home Phone:

Date Available: E-mail Address:

WCU Student ID no.: How many hours could you work per week?

Are you an enrolled student of West Chester University? YES NO When are you expected to graduate? 20

Full Time: Part Time: Degree Program:

Education

High School: Address:

From: To: Did you graduate? YES NO Degree:

College: Address:

From: To: Did you graduate? YES NO Degree:

Other: Address:

From: To: Did you graduate? YES NO Degree:

References

Please list three professional references.

Full Name: Relationship:

Company: Phone: ()

Address:

Full Name: Relationship:

Company: Phone: ()

Address:

Full Name: Relationship:

Company: Phone: ()

Address:

