

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

UNIVERSITY ID: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

ISU EMAIL ADDRESS: \_\_\_\_\_

EXPECTED STUDENT TEACHING SEMESTER: \_\_\_\_\_

DO YOU QUALIFY FOR WORK-STUDY FINANCIAL AID? \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

HOW MANY HOURS PER WEEK WOULD YOU WANT TO WORK? \_\_\_\_\_

TELL US BRIEFLY WHY YOU ARE INTERESTED IN WORKING FOR THE CTLT:

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WHAT SKILLS DO YOU HAVE THAT YOU FEEL WOULD MAKE YOU AN ASSET TO OUR TEAM?

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ACTIVITIES, HOBBIES & INTERESTS: \_\_\_\_\_

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PREVIOUS WORK HISTORY – TECHNOLOGY COURSES YOU HAVE TAKE, EXPERIENCE WITH TECHNOLOGY: (NAME OF COMPANY, ADDRESS, SUPERVISOR, PHONE, TYPE OF EXPERIENCE, LENGTH OF EMPLOYMENT)

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PLEASE LIST REFERENCES THAT WE MAY CONTACT (INSTRUCTORS OF COURSES, AND OTHERS):

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Return this application with class schedule filled out above or attach course schedule.

**FOR CTLT USE**

DATE/SEMESTER HIRED: \_\_\_\_\_ LAST SEMESTER WORKED: \_\_\_\_\_

ACCESS CODE: \_\_\_\_\_

**IOWA STATE UNIVERSITY**  
**CTLT STUDENT EMPLOYMENT**

NAME: \_\_\_\_\_

SCHEDULE FOR SEMESTER: \_\_\_\_\_

BLOCK OFF ONLY CLASS AND OTHER JOB WORK TIMES -

--Students should be prepared to work Opening and Closing shifts and rotating Friday shifts.

CLASS SCHEDULE FOR UPCOMING SEMESTER:

| HOURS       | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|-------------|--------|---------|-----------|----------|--------|
| 7:45 – 9 AM |        |         |           |          |        |
| 9 – 10 AM   |        |         |           |          |        |
| 10 – 11 AM  |        |         |           |          |        |
| 11 – 12 PM  |        |         |           |          |        |
| 12 – 1 PM   |        |         |           |          |        |
| 1 – 2 PM    |        |         |           |          |        |
| 2 – 3 PM    |        |         |           |          |        |
| 3 – 4 PM    |        |         |           |          |        |
| 4 – 5 PM    |        |         |           |          |        |
| 5 – 6:15 PM |        |         |           |          |        |

NUMBER OF HOURS PER WEEK WANT TO WORK: \_\_\_\_\_