DIRECTIONS

- 1. Write your name in the top right corner of the paper.
- 2. Fold the paper in half by bringing the top right corner to meet the top left corner and the bottom right corner to meet the bottom left corner.
- 3. Unfold the paper.
- 4. Tear off the bottom left corner of this paper.
- 5. Stand up.
- 6. Turn around in a circle.
- 7. Sit down.
- 8. Poke two holes in the middle of the paper.
- 9. Look through the holes.
- 10. Ignore directions three through nine on this paper.



SAMPLE JOB APPLICATION

| | | PLEASE P | KINI CL | EAKLY | , | | | |
|---|-------------------------|-------------------|--------------------|-----------|-----------------------------------|--|--|--|
| For Office Use Only Locations Position ———————————————————————————————————— | is | | | | | | | |
| Position(s) applied for | : | | | | | | | |
| Were you previously en | mployed b | oy us? | If y | yes, wh | en? | | | |
| | | | | | will you be available for work? | | | |
| | | PE | RSONAI | L | | | | |
| Name: | Social Security Number: | | | | | | | |
| Present Address: | | Telephone Number: | | | | | | |
| Are you legally eligible | for emplo | yment in | the USA | <u> </u> | _(If yes, verification required.) | | | |
| Are you of the legal ag | e to work | :} | | | | | | |
| | | | | | ORY BELOW, RECENT JOB: | | | |
| Name and Address of Company and Type of Business | From Mo. Yr. | To Mo. Yr. | Starting Salary | Last Sala | Reason for Leaving | | | |
| Telephone: | Describe the | work you did: | | | | | | |
| Telephone. | | | | 1 | | | | |
| Name and Address of Company and Type of Business | From Mo. Yr. | To Mo. Yr. | Starting Salary | Last Sala | Reason for Leaving | | | |
| | Describe the | work you did: | | | | | | |
| Telephone: | | | | | | | | |
| Circle Highest Grade of Sc | hool Complete | d 7 8 9 | 9 10 11 | 12 | Higher Education: | | | |
| I hereby give permission experience. Signature | | | | | bove concerning my prior work | | | |
| - O | | | VERCOM BSTACLE | ING | // | | | |

SAMPLE UNDERGRADUATE APPLICATION FOR ADMISSION

THIS APPLICATION MUST BE ACCOMPANIED BY A \$25.00 APPLICATION FEE.

| Social Security Number | | | | | | | | | |
|---|-------------|-------------------------|---------------------|------------------|--|--|--|--|--|
| Name (last, first, middle) | | | | | | | | | |
| Permanent Address | | | | | | | | | |
| City State | ZIF | Phone (|) - | _ | | | | | |
| Mailing Address (if different from above) City State ZIP Phone () | | | | | | | | | |
| CityState | ZIF | PPhone (| | _ | | | | | |
| Birth date (day/month/ye | ar)/_ | / Gender | | | | | | | |
| Ethnic Origin (Optional. Response to this question will not affect the admissions decision.) | | | | | | | | | |
| ☐ White (Non-Hispanic) | | | | | | | | | |
| ☐ Black (Non-Hispanic) | | | | | | | | | |
| □ Latino/Hispanic | | | | | | | | | |
| ☐ American Indian or Alaskan Native | | | | | | | | | |
| ☐ Asian or Pacific Islander | | | | | | | | | |
| ☐ U.S. Citizen ☐ Non-U.S. Citizen | | | | | | | | | |
| ☐ Perm. Resident Alien | | | | | | | | | |
| (Alien Registration Number) | | | | | | | | | |
| In case of emergency, contact: ☐ Parent ☐ Guardian ☐ Spouse | | | | | | | | | |
| Name Phone () | | | | | | | | | |
| Address | | | | | | | | | |
| City | | State | ZIP | | | | | | |
| City State ZIP Home Phone () | | | | | | | | | |
| | | er Applying for: Г | 1 Fall □ Spring □ | □ Summer | | | | | |
| Applying as: ☐ Freshman ☐ Transfer Applying for: ☐ Fall ☐ Spring ☐ Summer Intended Major | | | | | | | | | |
| The fide dividigion | | | | | | | | | |
| SCHOOLS ATTENDED: | | | | | | | | | |
| School Name | City, State | Dates Attended | Degrees | Honors Earned | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| THIS ADDITION MITS | ST RE SIGN | IFD | <u> </u> | | | | | | |
| THIS APPLICATION MUST BE SIGNED. Lyndorstand that withholding information requested on this application or giving falso. | | | | | | | | | |
| I understand that withholding information requested on this application or giving false information may make me ineligible for admission to the University or subject to dis- | | | | | | | | | |
| missal. I certify that the information provided on this application is correct and complete. | | | | | | | | | |
| | · | p. 5 (1464 OII 61115 a) | 5p.1000101115 00110 | or and complete. | | | | | |
| Cianatura | | Data | , , | | | | | | |
| Signature Date/ | | | | | | | | | |
| | | | | | | | | | |