



Learn & Earn
 First-Year Student
 Employment Application

Date: _____

APPLICANT INFORMATION		
Last Name	First	M.I.
Street Address		
City	State	Zip
Cell Phone #	Year at Bluffton: ____1 st year ____transfer Starting term: ____fall ____spring ____year	
E-mail address		

BLUFFTON UNIVERSITY INFORMATION	
Residence Hall/Room #: _____	Marbeck Mailbox # _____(if known)
Housing: ____ On campus	____ Commute I will be on campus: ____ few weekends ____ most weekends
Planned Major: _____	
Extracurricular activities you plan to be involved in at Bluffton: (INCLUDE ALL sports, music, theater, intramurals, etc. _____ _____	

REFERENCES	
Full Name	
Company	Relationship
Address	Phone
Full Name	
Company	Relationship
Address	Phone

PREVIOUS EMPLOYMENT / VOLUNTEER SERVICE (start with most recent)

Company	Phone
Address	Supervisor
Job Title	
Responsibilities	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	Phone
Address	Supervisor
Job Title	
Responsibilities	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	Phone
Address	Supervisor
Job Title	
Responsibilities	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	

KNOWLEDGE, SKILLS, AND ABILITIES CHECKLIST (please check all that apply)

- Accounting
- Audio/visual equipment familiarity
- Can lift 25 pounds
- Carpentry
- Cash register skills
- Clerical skills
- Computer skills/advanced
- Creative/artistic ability
- Custodial work
- Customer service
- Data entry
- Detail oriented
- Driver of 15 passenger van
- Fitness equipment use
- Food preparation/service
- Writing skills
- Graphic design
- Grounds work
- Library skills
- Maintenance work
- Manual labor
- Operate office machines
- People skills
- Photography
- Receptionist
- Telephone skills
- Tutoring (list subject area)

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Signature

Date

After completing, please return this form to:
 Audra Oglesbee, Box 38
 Bluffton University
 1 University Dr.
 Bluffton, OH 45817
 Questions?? Contact campusjobs@bluffton.edu