

DATE: _____

Long Beach City College " f • † ‡ f † † • % — ... ‡ • • ‡ • - † "

STUDENT ASSISTANT EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Last Name: _____ First Name: _____ M.I.: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: () _____ Cell: () _____

Email: _____ Date of Birth: ____/____/____

LBCC Student ID # (if non-LBCC student, please note college name): _____

EDUCATIONAL INFORMATION

How many semesters have you attended Long Beach City College? _____

When do you plan on graduating from/transferring from/leaving Long Beach City College current college? _____

Will you be a full-time student in the semester for which you are applying? _____

EMPLOYMENT EXPERIENCE

Please attach to this form a resume which includes previous work experience (paid or volunteer).

EMPLOYMENT REFERENCE

Name: _____ Title: _____

Address: _____ City: _____ Zip: _____

Work Phone: () _____ Email: _____

Submit Completed Application Materials to:

LAC: , F J U I 4 U P S LAC Coordinator, " f • † ‡ f † † • % , — æ . T .] ‡ • • ‡ • - † "



Submit Completed Application Materials to:
F J U I 4 U P S E a, Coordinator,