



**BEMIDJI**  
STATE UNIVERSITY

**DEPARTMENT OF NURSING**  
**STUDENT WORKER APPLICATION**

<b>OFFICE USE ONLY</b>	
Hired: _____	yes _____ no _____
Start date: _____	
_____ W-S: \$ _____	
_____ Reg pay: \$ _____	

Name: \_\_\_\_\_

Student I.D. #: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

BSU E-mail: \_\_\_\_\_ GPA: HS \_\_\_\_\_ College \_\_\_\_\_

Current Year at BSU: \_\_\_\_\_ Major: \_\_\_\_\_

Work Study Eligible? Yes \_\_\_\_\_ No \_\_\_\_\_ (If not sure, check with the Financial Aid Office)

Have you worked on campus before? No \_\_\_\_\_ Yes \_\_\_\_\_ Location \_\_\_\_\_

Mark the boxes to indicate times you are NOT available to work.

Time Not Available	MON	TUES	WED	THURS	FRI
8:00-8:30					
8:30-9:00					
9:00-9:30					
9:30-10:00					
10:00-10:30					
10:30-11:00					
11:00-11:30					
11:30-12:00					
12:00-12:30					
12:30-1:00					
1:00-1:30					
1:30-2:00					
2:00-2:30					
2:30-3:00					
3:00-3:30					
3:30-4:00					
4:00-4:30					

**Office Skills:** Check how familiar you are with the following and list any others not mentioned.

	Not at all	Basic skills	Very
Microsoft Word	_____	_____	_____
Microsoft Excel	_____	_____	_____
MS Outlook	_____	_____	_____
PowerPoint	_____	_____	_____
Facebook	_____	_____	_____
MS Publisher	_____	_____	_____
Scanning	_____	_____	_____
Filing	_____	_____	_____
Customer Service	_____	_____	_____

**Other Skills:**

Number of hours preferred per week:

**Work Experience (Attach Additional Pages if needed):**

**Business Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Responsibilities/Duties:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Business Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Responsibilities/Duties:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please List Two Work References:**

**Name** \_\_\_\_\_ **Position** \_\_\_\_\_

**Business** \_\_\_\_\_ **City:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email** \_\_\_\_\_

**Name** \_\_\_\_\_ **Position** \_\_\_\_\_

**Business** \_\_\_\_\_ **City:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email** \_\_\_\_\_

**Please submit the application using one of the following:**

- Drop off in the Nursing Department, Bensen 220
- Send electronically to [jennifer.johnson@bemidjistate.edu](mailto:jennifer.johnson@bemidjistate.edu)
- Mail to: Jennifer Johnson  
BSU Nursing Department  
1500 Birchmont Drive NW #15  
Bemidji MN 56601