

MTSU Farm Laboratories
Student Worker Application
Submit completed application to SAG 106A

Date: _____

Name: _____ M#: _____

Cellphone number: _____

MTSU Email: _____

Address (local): _____

City, State, Zip: _____

Classification (circle one): Senior Junior Sophomore Freshman

Major: _____ GPA: _____

How many hours are you taking this semester? _____

Circle your answers below

Are you on the work study program? Yes No If yes: 5 hours or 15 hours

Do you have reliable transportation? Yes No

Do you have a valid TN drivers license? Yes No

Do you have a valid Social Security card? Yes No

[note: students must provide driver's license, original social security card and voided bank check, or routing and account numbers, if hired and added to payroll]

List your work experience below:

List any equipment you have experience operating:

Are you available to work nights and weekends as needed? _____

How many hours a week are you seeking? _____

What hours are you available to work?

Monday: _____

Friday: _____

Tuesday: _____

Saturday: _____

Wednesday: _____

Sunday: _____

Thursday: _____

References:

Please give Name, email, and phone number of 3 work references:

1. _____
2. _____
3. _____

In case of emergency, who should be notified:

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

Area of interest: Please rank your 1st and 2nd preference only

____ Dairy Unit

____ Milk Processing

____ Crop Unit

____ Beef/Swine Unit

____ Garden/Student Farmers Market

For staff use only: Date entered in workflow: _____

Date entered EPAF: _____