## CSUB Antelope Valley - Student Assistant Application

Applicant for:						Other: Attach Resume			
Name:						ID#			
	LAST NAME		FIRST	NAME					
Address:									
	STREET			CITY	<b>C</b> - 11		STATE	ZIP	
Telephone		Home:			Cell:				
		Other:							
Class Stan	-		Conior		Cradantial			Mastaria	
Junior			Senior		Credentia			Master's	
Major:					GPA:			_	
						MIN GPA OF 3.0	REQUIRED	_	
Applicable	e skills:								
					<i>////</i>				
				ent Experience	•				
Employer						Employ	yed from:	MONTH/YEAR	
Address:							to:	-	
	STREET			CITY/STATE		ZIP		MONTH/YEAR	
List of dut	ies and res	ponsibili	ties:						
Name and	ies and res title of las	t superv		N	10	Phone#:			
Name and May we co	title of las	t superv referen	isor: YES			-	ved from:		
Name and May we co	title of las	t superv referen	isor: YES	N		-	yed from:	MONTH/YEAR	
Name and May we co E <b>mployer</b> :	title of las	t superv referen	isor: YES			-	yed from: to:	MONTH/YEAR	
Name and May we co E <b>mployer</b> : Address:	title of las	t superv referen	isor: YES			-		MONTH/YEAR	
Name and May we co E <b>mployer</b> : Address:	title of las	t superv referen	isor: YES			Employ		MONTH/YEAR	
Name and May we co E <b>mployer</b> : Address: List of dut	title of las	referen	isor: YES ties:			Employ		MONTH/YEAR	
Name and May we co E <b>mployer</b> : Address: List of dut Name and	title of las	t superv referen ponsibili	isor: YES ties:	CITY/STATE		Employ		MONTH/YEAR	
Name and May we co E <b>mployer</b> : Address: List of dut	title of las	t superv referen ponsibili	isor: YES ties: isor:	CITY/STATE	10	Employ		MONTH/YEAR	
Name and May we co Employer: Address: List of dut	title of las	t superv referen ponsibili t superv referen	isor: YES ties: isor:	CITY/STATE	10	Employ	to	MONTH/YEAR	
Name and May we co Employer: Address: ist of dut Name and	title of las	t superv referen ponsibili t superv referen	isor: YES ities: isor: YES	CITY/STATE	IO	Employ <sup>ZIP</sup> Phone#:	to	MONTH/YEAR MONTH/YEAR	
Name and May we co E <b>mployer</b> : Address: List of dut Name and May we co	title of las	t superv referen ponsibili t superv referen	isor: YES ities: isor: YES	CITY/STATE	IO	Employ <sup>ZIP</sup> Phone#:	to	MONTH/YEAR MONTH/YEAR	

Signature of applicant:

Date:\_\_\_\_\_