

Event Services Application

Name _____

Best Phone Number to Contact You _____

City _____ Zip _____

Please Check All that Apply

☐ Mt. SAC Student

if checked, Number of Units _____

Course of Study _____

Transfer/Graduate when _____

☐ California Drivers License

☐ US Citizen

☐ 18 years of age or older

Number of Hours per week you would like to work _____

Job History: (List the most recent position first. If you have a resume, please attach)

Company _____ Position _____

Date Began _____ Date Ended _____

Duties/Responsibilities _____

Reason for Leaving _____

Company _____ Position _____

Date Began _____ Date Ended _____

Duties/Responsibilities _____

Reason for Leaving _____

Applicant's Signature _____ Date _____

For Office Use Only

Received _____ By _____

Interview Offered _____ Date/Time _____