



Wharton Center Box Office Student Employee Application

**Note: Preference will be given to applications submitted with resume & references.*

Name: _____, _____ Date: ____/____, 20____
(Last) (First) (Middle)

Student ID: A_____ Local Phone: _____

Email Address: _____

Local address: _____

(City) (State) (Zip)
(Apt or Suite)

Class Standing Freshman Sophomore Junior Senior Graduate
(Check One)

Major area of study: _____ Anticipated graduation: _____ 20____
(Month)

Number of hours available to work per week: _____

Please fill in your class schedule below and any other obligations that would limit your availability to work in the box office (include other employment and commitments).

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Please write a short paragraph describing teamwork.
