

## **Student Employee Application**

Full Name		Date	
Position(s) Applying for:			
UNE E-mail Address		PRN	
Local Address	Street	Apt. #	
City	State		Zip
Cell Phone ( )		Class Year 20	
Major		GPA	lativo
Specific days/times available to we	ork:		
Semesters away on clinical rotatio	n, etc:		
Activities/leadership positions in	which you have been inv	olved:	
Please attach a copy of your re Director of Health and Welln		• • • • • • • • • • • • • • • • • • • •	·
Student Signature			

The University of New England is an equal opportunity/affirmative action employer.