

Application for the MSU Copy Shoppes



Name: _____

Address: _____

Phone: Local: _____ Permanent: _____

Email: _____

Year: FR SO JR SR Credits enrolled: _____ Date: _____

Employment History:

Employer	Address and Phone	Position and Duties	Dates

References:

Name	Address and Phone	Business	Length of Acquaintance

Please explain why you would make a good Copy Shoppe employee:

Please list any customer service and/or computer skills:

Total Hours Wanted: _____

Please place an "X" for times that you are unavailable and an "O" for that times that you can work.
Please fill out completely.

Work (Begin)	Times (End)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:00 AM	9:00 AM							
9:00 AM	10:00 AM							
10:00 AM	11:00 AM							
11:00 AM	12:00 PM							
12:00 AM	1:00 PM							
1:00 PM	2:00 PM							
2:00 PM	3:00 PM							
3:00 PM	4:00 PM							
4:00 PM	5:00 PM							
5:00 PM	6:00 PM							
6:00 PM	7:00 PM							
7:00 PM	8:00 PM							
8:00 PM	9:00 PM							
9:00 PM	10:00 PM							
10:00 PM	11:00 PM							