MERCER UNIVERSITY

Information Technology Help Desk

Today's Date: _____
SSN: _____ - _____ - _____
MUID: _____
Cumulative GPA: _____
Date of Birth: _____
Year & Term applying for:
_____

Please check position applying for:
☐ Audio Visual Assistant
☐ Help Desk Assistant

Name: _____
       Last   First   MI   Preferred Name

Campus Address: _____ **Box #** _____
       (Dorm Bldg. & No./Apt Bldg. & No.)

Local Address: _____
       Street Address   City, State, Zip

Permanent Address: _____
       Street Address   City, State, Zip
Local Phone: _____ **Permanent Phone:** _____

Emergency Contact & Relationship: _____

Classification: _____ **Expected Graduation Date:** _____
       (Fr, So, Jr, Sr, Other)
Major(s): _____

Mercer e-mail address: _____ **Preferred e-mail address:**

Program	No Use	Fair	Daily	Version(s)	Attended Class	Self-taught
Microsoft Windows						
Microsoft Word						
Microsoft Excel						
Microsoft Access						
Microsoft Outlook						
Microsoft PowerPoint						
Web-based E-mail						
Networks						
Scanners						
Printers						
Other:						

Federal Work Study: **Yes**   **No**   **# hours desired weekly:** _____ **(20 max.)**
           (Circle One)