

SOUND & STAGE CREW

CARLETON UNIVERSITY STUDENTS' ASSOCIATION (CUSA)

Part-time job application for listed positions. This application should be submitted in person or via email.

PERSONAL INFORMATION

Last Name:			First Name	:			
Nickname or preferred name: Address:			Year of stud	ly:			
				Posta	Postal Code:		
Phone Number:				Stud	Student Number:		
E-mail Address:							
	* If the address above	is just for school, plea	ase provide your permanen	t mailing addre	ss for your T4 mailing.		
Address:					Postal Code:		
Phone Number (with area code) : _						
		TELL U	S ABOUT YOURSE	LF			
Do you have any	technical/sound ex	perience?					
f yes, where?							
Describe your du	tion.						
			AVAILABILITY				
	In the space below,	please indicate who	at hours you would be a	vailable to wo	rk on a regular basis	•	
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
			DECLARATION				
hereby acknowle	edge all informatio	n provided is correc	ct and I have read and (understand al	I the general inform	nation.	
Signature:			Date: _				