

Name and Contact Information

Name: _____ E-mail: _____

Local address: _____

Home address (if different): _____

Phone: Local: _____ Cell: _____

Work: _____ Home: _____

Preferred contact method: _____ Best time for contact: _____

Education

Class: Freshman Sophomore Junior Senior Graduate

Major: _____ Minor: _____

Current credit hour load: _____ Relevant courses: _____

Experience

Have you taken business courses? (Please list): _____

Do you have another job? _____ How many hours per week? _____

List relevant work experience (Ad sales, etc): _____

Interests

List extracurricular activities or organizations you are involved in: _____

Why do you want to work at the IC? _____

Check the positions to which you would like to apply:

- | | |
|---|---|
| <input type="checkbox"/> Sales Representative | <input type="checkbox"/> Accounting |
| <input type="checkbox"/> Ad Design/Graphics | <input type="checkbox"/> Newspaper Delivery |
| <input type="checkbox"/> Administrative Assistant | <input type="checkbox"/> Webmaster |
| <input type="checkbox"/> Managerial | <input type="checkbox"/> Other (please specify) _____ |

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Signed: _____ Date: _____