

**BALDWIN-WALLACE COLLEGE
OFFICE OF ANNUAL GIVING
ANNUAL FUND BY PHONE PROGRAM
APPLICATION FORM**

PLEASE CIRCLE ALL THAT APPLY

I WILL BE ABLE TO WORK:

Fall Spring

DAYTIME SHIFTS: Available as needed

NIGHTIME SHIFTS: SUN MON TUE WED THUR

Personal Data (please print):

Name: _____ B-W ID Number: _____

Social Security: _____-_____-_____ Date of Birth: _____

Permanent Address: _____

Permanent City, ST& Zip Code: _____

Home Phone: _____ Cell Phone: _____

B-W Email: _____ Other Email:

Campus Address: _____ Campus Phone:

Have you ever worked for the AFBP? **Yes** **No** If so, when? _____

Education:

Classification: Freshman Sophomore Junior Senior 5th Year Grad

Major: _____ Expected Grad Date: _____

Where did you hear about this job?: _____

ARE YOU WORKING SOMEWHERE ELSE ON CAMPUS? Yes or No

If Yes, please fill out the following information:

*Department: _____

*Hours per week worked in that department: _____

*Job title: _____
*Supervisors name and phone # _____

Employment History:

Most Recent-Least Recent

Employer: _____ Dates of Employment: _____

Type of business: _____ Supervisor's Name: _____

City & State: _____ Phone: _____

Job Title & Duties: _____

Reason for Leaving: _____

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Type of business: _____ Supervisor's Name: _____

City & State: _____ Phone: _____

Job Title & Duties: _____

Reason for Leaving: _____

What campus activities, organizations, or programs are you involved with?

Why do you want to work at the Annual Fund By Phone?

Please list any previous experience involving fund raising or public contact:

Please list any special qualifications relating to this position:

I authorize Baldwin-Wallace College to investigate any of the information contained in this application.

Signed: _____ Date: _____

Please return completed applications to the Annual Fund By Phone Office at the Alumni House.