

APPLICATION FOR EMPLOYMENT MARKETING STUDENT INTERNSHIP

Office Use Only				
Supervisor	Banner ID Number			
Begin date	End date			
Pay rate				
SDSU Stude	ent CSA temp			

Check season(s) available for	r employment:	Spring	Summer	Fall	
Name (first, middle initial, la	ast):			_	
Address:				Phone #	
E-mail address:			· · · · · · · · · · · · · · · · · · ·	If under 18, please list a	age:
When can you begin?		_ How	many hours pe	er week can you work?	
Major:		#	Credits Fall	Spring	Su
Have you been previously en	nployed by SDSU?	Yes	No		
If yes, please detail:					
				Date – End Date	Average weekly hours
Permanent mailing address	Address		City	State	Zip Code
In case of emergency, notify			2		
	Name		Address		Phone No.
Do you have any physical lin	nitations, allergies, e	tc.? If ye	es, please expl	ain.	
Marketing or hospitality exp	erience? Please deta	il.			
References (name and full ad	ldress):				
1					

Name	Address	Phone Number	Relationship
2.			
Name	Address	Phone Number	Relationship
Student ID#			

If not a current SDSU student, are you attending school elsewhere? (Please list school.)_____

Are you be attending summer school? Yes. No. If yes, please provide any related details.

Evening, weekend and holiday hours are sometimes required. Please note any specific time off requests.