



Gwynedd Mercy
University

Student Griffin Line Program Application for Employment

Date: ____/____/____

PERSONAL INFORMATION

Last name, First name: _____ M.I. _____

D.O.B. ____/____/____

Email Address: _____

Permanent/Home Address:

Street: _____ City _____ State _____ Zip _____

Phone number: _____

Local Address:

Street: _____ City _____ State _____ Zip _____

Phone number: _____

--OR--

Campus dorm: _____ Mail Box: _____ Extension: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

School information:

Major: _____ Class year: _____

Other jobs/Extracurricular activities: _____

How did you hear about the Griffin Line? _____

Why are you interested in this position? _____

What experience (fundraising, sales, telemarketing, etc.) do you have that would assist you in this job?

Please check the nights you are available to work:

Sunday _____ Monday _____ Tuesday _____ Wednesday _____

How many nights would you like to work? _____

Employment history:

Title: _____ Name of Employer: _____

Address: _____ Dates: _____ to _____

Supervisor: _____ Phone: _____

Duties: _____

Title: _____ Name of Employer: _____

Address: _____ Dates: _____ to _____

Supervisor: _____ Phone: _____

Duties: _____

I hereby certify that all of the information on this application is true and complete to the best of my knowledge.

Initial here: _____

** Once you have completed the application in Microsoft Word, please save the document as 'Phonathon Application, Your Last Name' (for example 'Phonathon Application, McGlynn') and send it to mcglynn.m@gmercyu.edu as an attachment. Any questions can be addressed to this address as well.**