

Student Employment Application Form

Name _____ DOB _____ Date of Application ____/____/____

Academic Status: Fr So Jr Sr Gr Major:(state if undeclared): _____ Minor _____

MSU Email _____ Personal Email: _____

Please circle one: Federal Work Study Student Assistant Clinical Unpaid Intern Other _____

Are you employed elsewhere on campus? (If yes, where?) _____

Criminal Convictions? (Please check one) (If yes, please attach statement): YES NO

Home Address _____ City _____ State _____ Zip _____

Campus Address: _____

CWID _____ SSN _____ - _____ - _____ Cell Phone _____

EDUCATIONAL BACKGROUND:

Name of High School	City & State	Dates Attended
---------------------	--------------	----------------

Name of College (ex. MSU/College of Ed. & Engaged Learning)	City & State	Dates Attended
---	--------------	----------------

Experience with children (indicate ages of children, and group or individual) _____

Additional language(s) (please list): _____

Previous Employer:

Name	Address	Phone Number	Employment Period
------	---------	--------------	-------------------

Other work-related skills or strengths: _____

Signature _____

Date _____

Please attach your resume and two letters of reference to be considered for a position.**Contact:** Montclair State University Ben Samuels Children's Center**Email:** childrencnt@montclair.edu**Address:** 80 Clove Road, Little Falls, NJ 07042**Telephone:** 973-655-7177**Fax:** 973-655-5155

NAME:

Cell Phone:

Program/Year: Fr__ So__ Jr__ Sr__ Gr__

Do you live on campus __ Commute__

MSU College: _____

Classroom Preference: infants__ toddlers__ preschool__ floater__ Office __

Interested in working: Up to 10 hours/week: ____

Up to 14 hours/week: ____

Up to 20 hours/week: ____

For Office Use Only:

FWS ____

Different start date ____

Notes:

FALL 2026

(Tues., 9/1/26–Wed. 12/16/26)

NEW FORMAT - Please shade in all of your availability and write your class schedule on the bottom of the grid. Indicate times for other commitments and/or restrictions. ALL BOXES MUST BE FILLED IN.

Times	Mon	Tues	Wed	Thurs	Fri
7:30-8:00 am					
8:00-8:30					
8:30-9:00					
9:00-9:30					
9:30-10:00					
10:00-10:30					
10:30-11:00					
11:00-11:30					
11:30-12:00					
12:00-12:30					
12:30-1:00					
1:00-1:30					
1:30-2:00					
2:00-2:30					
2:30-3:00					
3:00-3:30					
3:30-4:00					
4:00-4:30					
4:30-5:00					
5:00-5:30					
5:30-6:00					
Class schedule					

Contact: Montclair State University Ben Samuels Children's Center

Email: childrenscnt@montclair.edu

Address: 80 Clove Road, Little Falls, NJ 07042

Telephone: 973-655-7177

Fax: 973-655-5155