



Office of Information Technology Student Employment Application

PERSONAL INFORMATION				
First name:		Last name:		Middle Initial
Local address:		Student ID #:	Student ID #: Contact Phone:	
			()	
University email address:		Preferred email:		
(firstname.lastname@msubillings.edu)			
Status at MSUB	Credit hours this term	Major(s)		
☐ Undergraduate Student☐ Graduate Student				
Did you receive federal, state,	or institutional work stu	Idy this year?		
Yes No Unsur		ady this year:		
Have you worked on the MSU	•	? If so, where?		
☐ Yes ☐ No Depart	tment:			
Are you currently employed by another MSU Billings department?				
☐ Yes ☐ No Depart	tment:			
PREFERENCES				
Mark preferred areas of interes	st:			
Answering the phone	s in computer lab			
Setup/deliver computers	_	ious errands	Internet Research	ı
Repair hardware/equipme	rare	☐ Data Entry		
List other(s):				
Which campus are you able to	work at: University	y Campus		
	City Colle	ege		
SKILLS				
Are you capable of answering t	he phone and taking w	ritten notes?		
☐ Yes ☐ No ☐ Unsu	re			
Are you comfortable working o	ne-on-one with studen	ts, staff, and faculty in	a professional mann	er?
☐ Yes ☐ No ☐ Unsu	re			
Student support workers are o	ften asked to carry equ	ipment. Are you willir	ng and capable of lifti	ng equipment,
boxes, or parts (up to 50 pound	ls) and moving them ar	ound campus?	Yes 🗆 No 🗆	Unsure

EXPERIENCE	
List your customer service experience – please be specific.	
List your hardware, software, and/or computer experience.	
List any special experience (not listed above) that you feel would help you in an IT Student Support position.	
Have you ever worked in areas with confidential information? If so, where and when?	
AVAILABILITY	
MONDAY (8:00 AM – 5:00 PM)	
TUESDAY (8:00 AM – 5:00 PM)	
WEDNESDAY (8:00 AM – 5:00 PM)	
THURSDAY (8:00 AM – 5:00 PM)	
FRIDAY (8:00 AM – 5:00 PM)	
Any additional information you'd like us to know about you?	
Student Date	
IT Supervisor Date	

Date

CIO