



THE UNIVERSITY OF ARIZONA  
COLLEGE OF HUMANITIES

# Center for English as a Second Language

CESL PO Box 210024  
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## CESL Student Worker Application

Position for which you are applying \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_

What is your present student classification at the University of Arizona? \_\_ Freshman \_\_ Sophomore \_\_ Junior  
\_\_ Senior \_\_ Graduate \_\_ Other explain \_\_\_\_\_

Major Field \_\_\_\_\_ Are you enrolled for next semester? \_\_\_\_\_

Are you presently, or have you been, employed by the University of Arizona? \_\_\_\_\_

If so, where and what is/was your job title? \_\_\_\_\_  
Will you be continuing with this job? \_\_\_\_\_

Have you worked for CESL before? Yes No  
If so, when \_\_\_\_\_ and who was your supervisor? \_\_\_\_\_

When are you available to begin working at CESL? \_\_\_\_\_ Until when are you available? \_\_\_\_\_

Have you ever studied at CESL? Yes No If yes, please list your most recent session \_\_\_\_\_

Are you available to work summers? \_\_\_\_\_ Are you available to work during academic breaks? \_\_\_\_\_

Do you have an Arizona Driver's License? \_\_\_\_\_ If not, are you willing to acquire one? \_\_\_\_\_

Have you been licensed to drive in Arizona or another state for at least three years? (required for Student Activities Assistant and Special Program positions) \_\_\_\_\_

List the names, titles, e-mail addresses and telephone numbers of three professional references or previous employers who would recommend you.

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What experience have you had that has prepared you for this position at CESL?

Why are you interested in the position?

What is your native language? \_\_\_\_\_ What foreign languages do you speak? Rate your fluency in these languages spoken and written.

Have you studied in a foreign country? \_\_\_\_\_ If yes, please explain.

Please tell us which hours you are available to work.

All Applicants: Submit your resume with this application.

**Preference will be given to work-study eligible applicants. Are you work-study eligible? \_\_\_ YES \_\_\_ NO**

**If you are Work Study eligible, please submit a copy of your documentation with this application.**

Return this completed application to CESL Room 100 or fax it to 621-9180 by the announced deadline.

How did you hear about this position?

\_\_\_ Friend? If listserv, which one? \_\_\_\_\_ Other? \_\_\_\_\_