

READER APPLICATION

School of Social Sciences - University of California • Irvine

5137 Social Science Plaza A • Irvine, CA 92697-5100 Phone: (949) 824-1426 • Fax (949) 824-5037

EMPLOYEE INFORMATION		Quarter:	Fall Winter	: Spri	ng Ye	ar:
Name:		Date o	f Birth:	Sex:	☐ Male	Female
UC Student ID#:	Units This Quarter:					
Major:		Class Level:				
		E-mail:				
GPA (Overall): SSN:						
		Citizenship:				
PERMANENT ADDRESS:		UC Str	ident Status:			
Address:						
City: State:	Zip Code:	Educat	ion (Highest Degree)	:		
Country:		Name	of Institution and Year	Achieved H	lighest Degi	ree:
Please give a short description of your qualification						
riease give a short description of your quantication	15.					
PRE	VIOUS/CURRENT C	AMPUS EMPLO	DYMENT:			
Department:			Supervisor:			
Are you a work-study student? Yes No	Office	Extension Number:				
Title:						
Appt. Begin Date:	Appt. End Da	te:		F	Rate:	
				Data		
Applicant Signature (<i>Typed name will be accepted a</i>	as signature)			Date:		
Tapparent Signature (Tapper name Anno de accepteur)						
PLEASE NOTE: After pressing the <i>E-mail</i>	Submission button please	ATTACH A COPY	Y OF YOUR RESUME	before you ser	nd the e-mail.	
FOR OFFICE USE ONLY:						
Received:	Quarter/Year		Supervisor:			
Assigned? (If not explain):			*			
Department:		Course				
Comments:		GPA: Course Grade:				
			Sent to Soc Sci Payroll:			