**BABCOCK UNIVERSITY**
**HUMAN RESOURCES DEPARTMENT**
**APPLICATION FORM FOR WORK-STUDY (2016/2017)**

**Affix your passport**

***Kindly tick ☐ the box as appropriate.***

**Name ……**
**(Surname in Capital) First Name Middle Name**

**School ……Dept…….. Email……..……**

**Course ……School Acct No …… Level……..…… Matric No…..……..……**

**Marital Status: Married ☐ Single ☐ Gender: Female ☐ Male ☐ Phone #(s)……..……**

**Date of Birth……**

**Denomination: SDA ☐ Others ☐ If others, Specify……..……..**

**Residence: On Campus ☐ Off campus ☐**

**Address……..……..……**

**Are you a BU staff ward: Yes ☐ No ☐**
**If yes:**
**Parents' Name ……Dept…… Designation……**

**Write below (in order of preference) Two (2) Departments where you will like to work:**

**(1) …….. (2) ……..……..**

***NB: Departments where jobs are available: Janitorial, Grounds, Food Services, BIG * (e.g. Bakery, Cyber Café etc ) Office Assistant*, Chaplaincy*, Farm/Horticulture, Library* , Residential Halls, AWR/Hope FM*,Research Assistant* (PG only)***
***(*Allocation of students is subject to request)***

**Have you participated in Work-study before? Yes ☐ No ☐**
**If yes: Previous Work Experience on BU Campus**

**Dept/Unit……..……Session/Semester……..…Name of Supervisor……..……**

**Reference: (To be completed by the Supervisor at the previous place of work)**

**Applicant's Performance (Please tick as appropriate)**

**Satisfactory ☐ Good ☐ Fair ☐ Unsatisfactory ☐**

**Signature of Supervisor ……**

**List names of two referees**

| | Name of referee | Dept. | Phone No | Signature |
|---|---|---|---|---|
| **(1)** | …… | …… | ……..… | …… |
| **(2)** | …… | …… | …….. | ……..…… |

***<u>Requirements for submission</u>: Personal Time-Table**, Last CGPA (Authenticated by the HOD's Signature& Stamp), Copy of Valid School ID card, Admission Letter and Acceptance Receipt (For 100 level/ PG only), E-transact receipt (For returning students).***
***(**to be submitted to supervisors after approval)***

**DECLARATION: I ……..hereby declare that the information given above are true and accurate. I claim liability for any wrong or inaccurate information given above.**

**Signature…….. Date ……**

---

**(For Office Use only)**
**APPLICATION RECEIVED BY:_____ APPLICATION NUMBER_____**

BUHR