Orientation Peer Advisor Application

College of Behavioral & Social Sciences
Feller Center
2148 Tydings Hall
College Park, MD 20742
301-405-1697

Name:_____ UID:_____

Date of Birth: ___/___/___ Anticipated Graduation Date: ___/___/___

Email: _____ Cumulative Credits: _____

Major(s): _____

Local Address: _____

Phone: _____

Permanent Address: _____

Phone: _____

Prior/Current Employment at UMD: _____
_____
_____

Was this employment within the last year? _____

Please provide 3 references, with at least one being an employer:

1. Name: _____ Phone: _____

   Address: _____

2. Name: _____ Phone:
_____

   Address: _____

3. Name: _____ Phone: _____

   Address: _____

Employment History

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Please list your prior work experience starting with the most recent:

Employer	
Address	
Title	
Name & Title of Supervisor	
Employment Dates	
Base Salary	
Duties & Responsibilities	
Did you supervise anyone?	

Employer	
Address	
Title	
Name & Title of Supervisor	
Employment Dates	
Base Salary	
Duties & Responsibilities	
Did you supervise anyone?	

Employer	
Address	
Title	
Name & Title of Supervisor	
Employment Dates	
Base Salary	
Duties & Responsibilities	
Did you supervise anyone?	

Work Schedule

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How many hours a week are you available to work during the Summer: _____

For the current semester, mark off with **"X"** when you **CANNOT** work:

Time	Monday	Tuesday	Wednesday	Thursday	Friday
9:00					
9:30					
10:00					
10:30					
11:00					
11:30					
12:00					
12:30					
1:00					
1:30					
2:00					
2:30					
3:00					
3:30					
4:00					
4:30					

Comments:_____
_____