

# Application for Hourly Employment for Agronomy & Horticulture Department

Name:  Date:

(Use Full, Legal Name, Not Nickname)

Lincoln Address   
Street City State Zip Code

Permanent Address   
Street City State Zip Code

Lincoln Phone  Permanent Phone

Cell Phone

College Credit Hours Completed  As Of  Major

Year in School  As Of

Credit Hours 1st Sem.  Pre-Session

Registered For 2nd Sem.  1st Summer Session   
 2nd Summer Session

Registered with Financial Aid  yes  no Awarded Work-Study or Scholarship  yes  no

Agronomy Courses Taken

Farm Experience (Be Specific)

Other experience (List inclusive dates of employment, firm name & type of duties)

Text Field

Type of Work Preferred:  Subject Preference:

Do you Wish to Work:  Do you Wish to Work:

### Class Schedule

Check off the hours you will be in class, and thus, unable to work.

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:00 am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:00 am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:00 am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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