

		CU Presei	nts - Bo	ox Off	ice Assi	istant	Δnn	licati	on			
Instructions: Ead	ch questi	on should be f	ully and a	curately	answered.	Please	attach a	curren	t resur		a cover l	etter
	in a l	PDF format. Re	eturn by ei	mail to A	drienne (ad	rienne.h	avelka@)colora	do.edı	1)		
APPLICANT INFOR	RMATION											
Last Name:			First Name:				M.I.					
Phone:			CU Boulder E	Email Addres	s:							
Available Start Date:					Student ID Number: (DO NOT LIST SSN)							
Jndergraduate Student	:	Graduate Student:			•							
EDUCATION							-				1	
Major:		Year in School:	Freshman:		Sophomore:		Junior:		Senior:		Graduate:	
Emphasis:					· ·							
SPECIAL SKILLS 8		TS										
Box Office (specify):					Point of Sale Software:		YES		NO			
Data Bases (specify):					Customer Ser	vice:	YES		NO			
Spreedsheets (specify):			Telephone/Co	Telephone/Concierge:			NO					
			VES		NO							
Are You Currently Work	ing For Anot		YES		NO	Approx. hr	s/week:					
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