

Application and reference forms may be dropped off at McFarlin Auditorium - Room 101, mailed to P.O. Box 750220, Dallas, TX 75275 or faxed to (214) 768-4763 **ASAP**.

Name:				SMU ID:		
Local Address:						
City/State/Zip:						
Email:	Phone:					
Permanent Addres	ss:					
City/State/Zip:						
Major:		_ Minor:		Cı	ımulative GPA:	
No. of semesters co	ompleted at SMU: ch term?		Attending Sum	mer School:	☐ Yes☐ Term 1	_
Employment H	listory					
EMPLOYER NAM SUPERVISOR'S N						
EMPLOYER NAM SUPERVISOR'S N						
Skills: Typing	☐ Foreign Language languages:	e If yes, ple	ease list	☐ Compute	r If yes, please I	ist programs:

## **Personal Statement**

On a separate sheet of paper please briefly respond to the following questions (must be typed):

- 1. Why are you interested in working for Conference Services at SMU?
- 2. What skills are necessary to be successful in a conference position and why?
- 3. Do you have any plans this summer that would require you to be away from campus? If yes, include dates that you need to be away and a brief description of the event.
- 4. Give an example of good customer service and an example of poor customer service that you have encountered.
- 5. How will you help promote SMU during the summer conference season?

## **References**

You must have two reference forms completed by non-family members and at least one of the two must be from an SMU faculty/staff member. Application and reference forms may be dropped off at McFarlin Auditorium, Room 101, mailed to P.O. Box 750220, Dallas, TX 75275 or faxed to (214) 768-4763 **no later than 4:00 p.m. on April 4, 2017.** 

EMPLOYER NAME & ADDRESS:

I have read and understand the information presented to me in the position description	☐ Yes ☐ No				
I am able to work from May 22, 2017 until August 4, 2017.	☐ Yes ☐ No				
I am able to live on campus during the entire Summer Conference season.	☐ Yes ☐ No				
How did you learn about this position?					
I certify that the information contained above is accurate to the best of my knowledge. The SMU Office of Conference Services has my permission to verify my academic and disciplinary standing with the University.					
Applicant Signature: Date:					



## Summer Conference Staff Reference

Applicant Name:							
Reference Name:							
Email:	mail:		Phone:				
			How long have you known the applicant:				
Include any comments				= poor, 5 = excelle rm as a Summer Co		er.	
EMPLOYER NAME & A SUPERVISOR'S NAME:	DDRESS:						
EMPLOYER NAME & A SUPERVISOR'S NAME:	DDRESS:						
Leadership (ability to lead and establish oneself as a leader)	1	2	3	4	5		
Reference Signature:			Date:_				



## Conference Services Summer Conference Staff Reference

Applicant Name:							
Reference Name:							
Email:			Phone:				
			How long have you known the applicant:				
Include any comments				= poor, 5 = excelle m as a Summer Co	nt. onference Staff member.		
EMPLOYER NAME & AI SUPERVISOR'S NAME:	DDRESS:						
EMPLOYER NAME & A SUPERVISOR'S NAME:	DDRESS:						
Leadership (ability to lead and establish oneself as a	1	2	3	4	5		
Peference Signature:			Date:				