

Application for Student Government

Date received: _____

Name: _____

Current Mailing Address: _____
Last First Middle

City: _____ State: _____

Home Phone: _____ Work/ Message Phone: _____

Email Address: _____

Student ID #: _____ Position Applying For: _____ Birthdate: _____

EDUCATION:

	Name and address of accredited Institution(s)	Major	Degree
High school/GED			
Associate			
Undergraduate			
Graduate			

Associated Student Government members must complete at least ten credits at SFCC (with Grade Point average of at least 2.5) while in office must have taken and passed (with a G.P.A of 2.5 or better) at least ten credits at SFCC in the quarter before assuming office. A.S.G. must maintain a quarterly GPA of at least 2.5 while in office.

How many credits are you currently taking? _____ Are you an International Student? _____
How many credits did you take last quarter? _____ Are you a Running Start Student? _____
Please state your SFCC cumulative GPA. _____ Last quarter GPA: _____

Please list any prior leadership experience you have:

Applicants for Senator positions must have taken or be currently enrolled in at least two classes within the Senator district being applied for. If you are applying for this position, please list these classes:
Class 1: _____ Class 2: _____ District: _____
If you're unsure about what "districts" are; please come talk to the Academic VP in the A.S.G. office.

If applying for a programming position, please rank each programming position in terms of your interest in that specific position. 1st being highest (first choice), and 4th being lowest (last choice).

Comedy/Concert Programmer _____ Special Events Programmer _____
Lecture/Awareness Programmer _____ Outdoor/Outreach Programmer _____
Director of Marketing _____ Treasurer _____
Food Bank Director _____ Secretary _____

If you are applying for the AS Food Bank mark the line below:

Food Bank Staff _____

If applying for a programming position, please list any previous programming experience (anything from birthday parties you've hosted to large public events.):

Involvement in on-campus clubs and organizations:

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Employment Record (If Applicable)

Employer:		Dates of employment:	
Job title:		Hrs./week:	Salary:
Supervisor:	Phone:	May we contact? Yes No	
Address:	City:	State:	Zip:
Duties:			
Reason for leaving:			
Employer:		Dates of employment:	
Job title:		Hrs./week:	Salary:
Supervisor:	Phone:	May we contact? Yes No	
Address:	City:	State:	Zip:
Duties:			
Reason for leaving:			
Employer:		Dates of employment:	
Job title:		Hrs./week:	Salary:
Supervisor:	Phone:	May we contact? Yes No	
Address:	City:	State:	Zip:
Duties:			
Reason for leaving:			

References

Name: _____ Phone # : _____ Relationship: _____

Name: _____ Phone # : _____ Relationship: _____

Name: _____ Phone # : _____ Relationship: _____

SCHEDULE

Class/ Work

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7am							
8am							
9am							
10am							
11am							
12pm							
1pm							
2pm							
3pm							
4pm							
5pm							
6pm							

I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION AND ANY ATTACHED PAGES INCLUDING RESUME IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THE ASSOCIATED STUDENT GOVERNMENT OF SFCC TO USE ANY OR ALL THE INFORMATION CONTAINED FOR THE PURPOSES OF BUSINESS AND PUBLICITY. I ALSO UNDERSTAND THAT ALL INFORMATION CONTAINED HEREIN IS SUBJECT TO VERIFICATION BY THE ASG. I ALSO STATE THAT I HAVE READ THE OFFICERS HANDBOOK AND CONSTITUTION AND UNDERSTAND WHAT IS EXPECTED FOR THE POSITION FOR WHICH I AM APPLYING.

Name: _____

Signature: _____

Date: _____

Please Attach Resumé and Two Letters of Recommendation

One from a Instructor and one from a Current Student

Allergies:

SFCC Computer Login (ex. kjones1234@bigfoot):

Shirt Size:

SPOKANE FALLS COMMUNITY COLLEGE

Date Completed _____

We the undersigned, do hereby support the petition to have _____ be a member of the ASG in the position of _____.

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