

## **GRADUATE STAFF APPLICATION**

**Position Term August 2019 - May 2020**

### **APPLICATION REQUIREMENTS**

1. All applicants must have obtained a bachelor's degree prior to the Fall 2019 academic semester to qualify for the graduate staff positions, or are in the final year of a bachelors/masters degree program.\*
2. Graduate staff are preferred to be enrolled as a part-time/full-time degree-seeking graduate student.\*
3. Graduate staff will limit outside employment to graduate assistantships, Case Student employee, or part-time work that does not exceed a total of 20 hours per week excluding academic recesses.
4. Applicants must be available to work the complete term of this position, August 1, 2019 - May 31, 2020. If your graduate program conflicts with the contract dates, please notify in writing at [mx583@case.edu](mailto:mx583@case.edu).

### **APPLICATION PROCESS**

1. Attach a **current resume** to your application.
2. Attach your answers to the **application questions** to your application.
3. Return the **one attached recommendation forms** 250 Tinkham Veale University Center. Forms may be completed by a past employer, professor, advisor or a campus administrator.
4. **Return your application packet** to the Office of Greek Life, 250 Tinkham Veale University Center.



Office of Greek Life  
House Director  
2019-2020

Personal Information

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Current Address: \_\_\_\_\_

Current Phone: \_\_\_\_\_ Current Email: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Permanent Phone: \_\_\_\_\_

Birthdate (mm/dd/yyyy): \_\_\_\_\_

Are you a U.S. Citizen? \_\_\_\_\_ (yes/no)

Are you a U.S. Permanent Resident? \_\_\_\_\_ (yes/no)

If not, what is your country of citizenship? \_\_\_\_\_

And what is your VISA status? \_\_\_\_\_

\*If you current receive financial aid, we highly recommend that you consult with your financial aid officer in advance of submitting this application to see how the compensation affects your aid package.

Graduate School Information

Graduate Program: \_\_\_\_\_

Have you been formally accepted into this graduate program?

If "no", please explain: \_\_\_\_\_

Graduate University: \_\_\_\_\_ CWRU or \_\_\_\_\_ Other: \_\_\_\_\_

As of Fall 2019, what year will you be in your graduate program? \_\_\_\_\_

Anticipated Graduation Date (mm/yyyy): \_\_\_\_\_

Case student ID – 7 digits (if applicable): \_\_\_\_\_

**Application Information**

List any other anticipated employment or field experiences from August 1, 2019 - May 31, 2020.

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Greek Chapter Affiliation (if any): \_\_\_\_\_

Residence Life Experience (if any): \_\_\_\_\_

*I declare that the information provided on this application is accurate to the best of my knowledge.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Application Packet

1. Attach a current resume to your application.
2. Attach your answers to the following questions to your application.
  - a. **These questions are an opportunity for you to offer an overview of your experience and insight into why you would be a good candidate for a graduate position in Greek Life at CWRU. Please be thorough but concise in your answers.**
    - How the experience of the graduate position complements your larger career and personal goals as well as rationale for applying for this position.
    - Describe a time when you encountered an unanticipated change or occurrence while working on a task or project – discuss the nature of the issue, how you responded, and the final outcome.
3. Return the **one attached recommendation forms** to 250 Tinkham Veale University Center. Forms may be completed by a past employer, professor, advisor or a campus administrator.
4. Return this completed application packet to:
  - House Director Search
  - Office of Greek Life
  - 11038 Bellflower Road, TVUC 250
  - Cleveland, Ohio 44106



Recommendation Form

\_\_\_\_\_ is applying for a graduate position within the Office of Greek Life at Case Western Reserve University.

Waiver of Access

I have requested that this recommendation form be filed by (name) \_\_\_\_\_ for use in the graduate staff selection process at Case Western Reserve University. In accordance with the FERPA 1974. (check one)

\_\_\_\_\_ I waive my access to this recommendation which shall be considered confidential

\_\_\_\_\_ I do not waive my access to this recommendation which shall be considered non-confidential.

Date \_\_\_\_\_ Student Signature \_\_\_\_\_

Note: If the student agreed to the waiver printed above, Case Western Reserve University will preserve the strict confidentiality of this document and it will be made available only to University officials. If the student has not agreed, this recommendation will be made available to the student on request.

Name of Evaluator: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

How long have you known the candidate? \_\_\_\_\_

In what capacity have you known the candidate? \_\_\_\_\_

\_\_\_\_\_ I highly recommend this candidate.

\_\_\_\_\_ I recommend this candidate.

\_\_\_\_\_ I recommend this candidate with hesitation.

\_\_\_\_\_ I do not recommend this candidate.

Signature of evaluator

Date

Please fill out this form, and attach a letter of recommendation.

Submit recommendation to this address:

On Campus:

Office of Greek Life
House Director Selection Committee
TVUC 250, Location Code #7082

Off Campus:

House Director Selection Committee
Office of Greek Life
11038 Bellflower Road, TVUC 250
Cleveland, Ohio 44106