

Join Northeastern Telefund

If you are an undergraduate student, please fill out the form below.



First Name

Last Name

Permanent Address

City

State

Country

Zip Code

Personal Phone #

Email Address

School/College

Major

Please check college status:

___ Freshman

___ Sophomore

___ Middler

___ Junior

___ Senior

Please answer the following questions:

Why did you decide to apply for a student caller position?

What is your favorite thing about Northeastern University?

Why is it important for Northeastern to raise money for the annual fund?

We're sure that you have many demands for your time. How will you balance your course work, work schedule, and other commitments? (Our attendance policy will be strict. You will need to be here on your scheduled nights).

Please list any other employment you have had over the past two years. (Business, Position, Dates)

References

Please list the name, relationship and phone number of 2 people who we can contact.

Name: _____

Relationship: _____

Phone #: _____

Name: _____

Relationship: _____

Phone #: _____

How did you find out about this position? _____

Starting pay is \$9.50/hour with opportunity for tuition assistance.

I certify that I have given true, accurate and complete information on this form and any supplements. I authorize educational institutions, associations, registration and registering boards and others to furnish whatever details are available concerning my qualifications, authorize investigation of all statements made in this application and understand that false information or failure to disclose relevant information may be grounds for rejection of my application, disciplinary action, or dismissal if I am employed or criminal action. I further understand dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. Notwithstanding any provision of state or federal law, I expressly waive any rights I may have to review material or information received from previous employers or education institutions under promise of confidentiality.

Signature to agree with statement above: _____ Date

**Please email completed application to Northeasterntelefund@gmail.com or bring it to 716 Columbus Ave, Room 089.*