SAMPLE APPLICATION SORORITY OR FRATERNITY HOUSE DIRECTOR

NAME:			
First	Middle	Last	
CURRENT ADDRESS:			
	Street or P.O. Box Nu		
CITY:		STATE:	ZIP:
TELEPHONE/ CELL PHON	E (Include Area Code):		
E-MAIL:			
FAX number:			
If the above address is tempo	orary, please give the date it below.	will expire, and provi	ide your permanent address
EXPIRATION DATE:			
PERMANENT ADDRESS:			
	Street or P.O.	Box Number	
CITY:		STATE:	ZIP:
EMERGENCY NOTIFICATI	ON		
NAME:			
First		Last	
ADDRESS:			
	Street or P.O. Box Nu	ımber	
CITY:		STATE:	ZIP:
TELEPHONE/CELL PHONE	(Include Area Code):_		
relationship:			

EDUCATIONAL & PERSONAL EXPERIENCE

Circle the last year of school you completed					
High School		1	2	3	4
College		1	2	3	4
College(s) Attended:					
Degree(s) Received and Date(s):					
How familiar are you with university life and activities?	Very	Somew	vhat	Not Ve	ery
How did you gain this familiarity?					
What are your interests and hobbies?					
Describe any valunteer activities relevant to this position (e	, a chu	ırch cı	ammuni	4.	
Describe any volunteer activities relevant to this position (e organizations, etc.). Include responsibilities and offices hel		irchi, co	וווטווווטווו	ıy	
Are you a member of a social fraternity or sorority?	Yes	No			
If yes, please list the name of the organization:					
Briefly explain any work with you have done with young pecounseling, etc.	eople, s	such as	scoutir	ng, cam	ıp

	ng?	tchen management,
Do you own a pet? Do you expect to brir	ng the pet to the position?	
Do you have a valid driver's license? Do	you own a car?	
OCCUPATIONAL INFORMATION		
List all positions which you have held, be including city and state, and the approximation of the company of th		
Position	Location	Dates Employed
Summarize briefly the duties of your most to the house director position:	responsible position or the or	ne most closely related

What do you feel would be your greatest contribution to a group of college students?
The position requires some lifting and the ability to climb stairs. Do you have any health conditions that would interfere with your carrying out the responsibilities of this position? Please describe.
When would you be available for employment?
REFERENCES
Please list the names, titles, complete addresses, email addresses, and phone numbers of at least three people from whom we may obtain recommendations regarding your character, experience, and abilities. Include at least one recent employer, if applicable.
1.
2.
3.
4.
5.
INSTRUCTIONS
The completed application should be returned to the campus fraternity/sorority life office. It will be shared with the individual fraternity/sorority selection committees; they will make the final employment decisions and/or recommendations to their chapters. If you have questions, please call or e-mail the campus fraternity/sorority life advisor at their listed phone number or email address.