

UCR School of Medicine Center for Healthy Communities

Research Assistant Application**I. Applicant Contact Information**

Name: _____ Email: _____

Preferred Name: _____

Address: _____

Phone: Hm: _____ Cell: _____ Work: _____

Are you over 18 years of age: ☐ Yes ☐ No If No, please indicate date of birth: _____

How did you hear about the Student Research Assistant program at UCR?: _____

II. Education

Highest Degree Attained: _____ Major: _____

Institution: _____

Are you currently attending school? ☐ Yes ☐ No If yes, name of school: _____**III. Employment**Are you currently employed by UCR or UC? ☐ Yes ☐ No Have you worked for UCR or UC in the past? ☐ Yes ☐ No

If yes, indicate duration of employment: _____ to: _____ Location/Dept: _____

Reason for leaving UC/UCR?: _____

Name of Current Employer, if applicable: _____

IV. Previous Research Experience

Summarize your previous research experience:

Are you currently a UCR Research Assistant? ☐ Yes ☐ No Have you worked as a Research Assistant for UCR in the past? ☐ Yes ☐ No

If yes, indicate duration of assignment: _____ to: _____ Location/Dept: _____

Reason for leaving UC/UCR?: _____

V. Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous research, or through other activities, including hobbies or sports.

Certifications and Expiration Dates (e.g. CPR, First Aid): _____

Languages: _____

VI. Availability

During which hours are you available for assignments?

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

VII. Interests

Describe the areas in which you are interested in being a Student Research Assistant:
