

Library Student Assistant Application

John Davis Williams Library

For Staff Use Only

1st Day of Work _____
Pay Rate per Hour _____
Student Number _____
Department _____
Phone Number _____

Requesting work for (please circle all that apply): **Fall Spring Summer**

First day you can work? _____

Name: _____
Last First MI

Date _____

Mailing Address:

Campus: _____

Phone: _____

Home: _____

Phone: _____

E-mail address: _____

College Classification:

Freshman _____ Sophomore _____ Junior _____ Senior _____ Graduate _____

Major Field(s) of Study _____

Minor: _____

Date of Expected Graduation: _____

GPA: _____

Are you currently employed at the University (circle one)? **YES NO**

If yes, how many hours do you work? _____

Are you eligible for the Federal Work-Study Program? _____

Work Experience, include present employment, if any, and most recent:

Employer: _____ Address: _____ Position: _____ Dates: _____

Local Reference, if any:

Name _____ Address _____ Phone _____

Shift Preference: Mornings _____ Afternoons _____ Late Nights (till Midnight) _____ Weekends _____

Number of hours you are interested in working (minimum 10, maximum 20): _____

Class Schedule for this Semester:

