## Library Student Assistant Application John Davis Williams Library

Class Schedule for this Semester:

Date:			Department	
Requesting work for (pleas	se check all that apply):	Fall	Spring	Summer
What is the first day that y	you would be available to	begin work?		
Name:				
Last	First		MI	
Mailing Address				
Campus:			Phone: _	_
Home:			Phone: _	
Email address:				
College Classification:				
Freshman Soph	omore Junior_	Senior_	Graduate	
Major Fields(s) of Study: _		I	Minor:	
Date of Expected Graduati	on		GPA:	-
Are you currently employe	d at the University (chec	k one)?	Yes No	
f yes, number of hours th	at you are working?l	f yes, is your c	campus job work	c-study?
Are you eligible for the Ma	gnolia Federal Work-Stud	y Program?		
Work experience, including	present employment, if	any, and most	recent:	
Employer:	Address:	Position:		Dates:
Local Reference, if any:				_
Name	Address			_ Phone
Shift Preference:Morr				
		-		20 hrs )·
You are interested in working the number of hours (minimum 10 hrs., maximum 20 hrs.):				

For Staff Use Only

1st Day of Work \_\_\_\_\_

Pay Rate/Hour \_\_\_\_\_Student ID Number \_\_\_\_\_