Library Student Assistant Application

John Davis Williams Library

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

First day you can work? __________________________

Name: ___________________________________________ Date ______________________

Last    First     MI

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 (until 2 a.m.) _______  Weekends _______

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

Class Schedule for this Semester:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

Revised 08/2018