



# Law Library

## Student Employment Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Available Date: \_\_\_\_\_

Class: \_\_\_\_\_

Work Study Eligibility:      Yes              No              Don't know

How many hours per week would you like to work? \_\_\_\_\_  
Not to exceed 10 for 1<sup>st</sup> years - Not to exceed 20 for all others

When are you available to work?

Weekdays              Evenings              Weekends

Please block out the times that you are free, and times that you have classes or other commitments.

Sun	Mon	Tue	Wed	Thurs	Friday	Sat

Have you ever worked in a library? If so please describe your experience, or any other relevant skills .

Please attach a copy of your resume and provide names & phone numbers of two references:

