

Application remains on file for one semester only. Application is fillable online only.

APPLICATION FOR STUDENT EMPLOYMENT

Bailey Library, Slippery Rock University

This application must be completed by students seeking employment on campus under either the Commonwealth or Federal College Work-Study Programs. Students must carry at least six (6) credits during each semester of the academic year. After completion, submit this application to the appropriate employer, SRU is an equal opportunity employer.

Student Name _____

Academic Year _____ Major _____
(Fr., Soph., Jr., Sr., PB, Grad)

E-mail Address _____

Campus Address _____ Phone # _____

Home Address _____ Phone # _____

Position Applying for _____

Are you currently employed on campus? _____YES _____NO

If yes, where? _____ Number of hours per week _____

Work Experience (*Start with most recent; include any volunteer experience*)

(Job Title, Name of Employer, Dates of Employment)

(Job Title, Name of Employer, Dates of Employment)

(Job Title, Name of Employer, Dates of Employment)

Activities & Interests (*Include High School if you have less than 2 years of college*)

Use this space to summarize relevant skills. Include computer experience.

Student Signature

Date

Application remains on file for one semester only.

Semester Applying For: Fall _____ Spring _____ Summer _____

Many departments/offices are fully operational on the weekends. Using the schedule below, block off those times when **you are available** to work.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
7:30-8:30						X	X
8:30-9:00						X	X
9:00-9:30						X	X
9:30-10:00						X	X
10:00-10:30						Open 10:00	Open 10:00
10:30-11:00							
11:00-11:30							
11:30-12:00							
12:00-12:30							
12:30-1:00							
1:00-1:30							
1:30-2:00							
2:00-2:30							
2:30-3:00							
3:00-3:30							
3:30-4:00							
4:00-4:30							
4:30-5:00							
5:00-5:30							
5:30-6:00							
6:00-6:30						Close @ 6	
6:30-7:00						X	
7:00-7:30					Close @ 7	X	
7:30-8:00					X	X	
8:00-8:30					X	X	
8:30-9:00					X	X	
9:00-9:30					X	X	
9:30-10:00					X	X	
10:00-10:30					X	X	
10:30-11:00					X	X	
11:00-12:00					X	X	

Please indicate if you are able to work over holidays and breaks YES NO

Please indicate if you are able to work during the summer YES NO

REFERENCES

Name of Reference	Please check Type of Reference	Telephone #
	<input type="checkbox"/> Work <input type="checkbox"/> Volunteer <input type="checkbox"/> Personal	
	<input type="checkbox"/> Work <input type="checkbox"/> Volunteer <input type="checkbox"/> Personal	
	<input type="checkbox"/> Work <input type="checkbox"/> Volunteer <input type="checkbox"/> Personal	