

# Jackson Library

## IWU Student Application For Employment

**Jobs are available in the following departments of the library:** (#1-6 by preference)

Circulation Desk _____	Reference _____
Inter-Library Loan _____	Technical Services _____
Media Center _____	Off-Campus Library Services (OCLS) _____ (located in the Jackson Library)

**PERSONAL:**

Last Name _____	First _____	Middle _____	Student ID# _____
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Local Address (dorm or unit) _____	P.O. Box # _____	Local Phone _____	E-mail Address _____
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Home Address _____	Home Phone _____
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Number of Hours enrolled this semester _____	Major(s) _____
Class (circle one): Fresh. Soph. Jr. Sr. Grad.	International Student (Not U.S. Citizen)? Yes / No
GPA (last academic semester) _____	Academic Probation? Yes / No

If Student Teaching/Field Placement this school year, please indicate which term: Fall \_\_\_\_\_ Spring \_\_\_\_\_

**WORK EXPERIENCE:**

Have you previously been employed at IWU? Yes / no

If Yes: \_\_\_\_\_

Department	Job Title	Dates
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Department	Job Title	Dates
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List Work Experience, beginning with the most recent:

Organization	Phone #	Dates	Duties
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Will you be employed off-campus during the academic year? Yes / No

If Yes: Employer \_\_\_\_\_ Location \_\_\_\_\_

List any extra-curricular activities you will be participating in this year (i.e. sports, choir, youth group, etc.)

Describe any special job skills you have ( i.e. past library experience, computer service skills, A/V equip. etc.)

**Work Availability**

When would you be available for work: (check all that apply)

Fall Semester \_\_\_\_\_

Saturdays and or Evenings \_\_\_\_\_

Spring Semester \_\_\_\_\_

Vacations/Breaks \_\_\_\_\_

May Term \_\_\_\_\_

Summer Sessions \_\_\_\_\_

**Class Schedule:** Please fill in you class times and other regularly scheduled activities (i.e. practices, youth group, Choir) for the semester for which you are applying.

<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>
7:50	7:50	7:50	7:50	7:50
8:55		8:55		8:55
10:00	9:25	10:00	9:25	10:00
11:05		11:05		11:05
12:10	12:05	12:10	12:05	12:10
1:15	1:40	1:15	1:40	1:15
2:20		2:20		2:20
3:25	3:15	3:25	3:15	3:25
6:15	6:15	6:15	6:15	6:15

**References:** Please provide the names of adults who have known you for 2 or more years. They may be former employers, teachers, your pastor, or a neighbor. No references from peer age friends, please.

_____	_____	_____
Name	Address	Phone no.
_____	_____	_____
Name	Address	Phone no.
_____	_____	_____
Name	Address	Phone no.

_____	_____
Student Signature	Date