APPLICATION FOR PART-TIME STUDENT EMPLOYMENT
Carlson Library -The University of Toledo

********** ***PLEASE PRINT*** **********

Applications are kept on file for the entire current semester.
A library supervisor will contact you if interested in hiring you.
You do not need to check on the status of your application.

Today's Date _____ Fr ____ Soph ____ Jr ____ Sr ____ Grad ____

Name _____
(Last) (First)

Rocket # _____

Phone Number _____ E-mail address _____

Address _____

Major: _____ Currently enrolled for _____ credit hours

Have you ever been convicted of a crime? _____ Yes _____No

If yes, please explain _____

_____

Are you now or have you worked elsewhere on campus? _____ Yes _____ No

Are you approved for the Federally Funded Work-Study Program? _____ Yes _____ No
(This is a Federally funded program which you must apply for and receive approval for through Financial Aid)

Indicate below the days and times that you are available to work:
Your application will not be considered unless you have listed the times that you are available to work.

Fall Semester

Times Available

Mon. _____
Tues. _____
Wed. _____
Thur. _____
Fri. _____
Sat. _____
Sun. _____

Additional Comments: _____

Turn in this completed form at the Circulation Desk.