



STUDENT EMPLOYMENT APPLICATION

PERSONAL INFORMATION					
LAST NAME		FIRST NAME		M.I.	STUDENT ID NUMBER - NOT SSN
MAJOR(S) & EXPECTED GRADUATION DATE		STUDENT STATUS: <input type="checkbox"/> FRESHMAN <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> JUNIOR			
		<input type="checkbox"/> SENIOR <input type="checkbox"/> GRADUATE			
E-MAIL ADDRESS					
HOME ADDRESS			CAMPUS / LOCAL ADDRESS		
STREET			STREET		
CITY	STATE	ZIP	CITY	STATE	ZIP
PHONE () -			PHONE () -		

EMPLOYMENT INFORMATION						
HAVE YOU PREVIOUSLY WORKED AT UD? <input type="checkbox"/> YES <input type="checkbox"/> NO		HAVE YOU RECEIVED A WORK-STUDY GRANT? <input type="checkbox"/> YES <input type="checkbox"/> NO				
ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NOT, DO YOU HAVE WRITTEN PERMISSION FROM THE INTERNATIONAL OFFICE TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO				
DO YOU HAVE A TEACHING ASSISTANTSHIP, FELLOWSHIP, OR SIMILAR AWARD THAT RESTRICTS THE NUMBER OF HOURS YOU CAN WORK FOR THE UNIVERSITY OF DELAWARE LIBRARY?				<input type="checkbox"/> YES <input type="checkbox"/> NO		
WHICH POSITION(S) ARE YOU APPLYING FOR?				HOW MANY HOURS PER WEEK ARE YOU AVAILABLE TO WORK?		
PLEASE INDICATE THE SEMESTER FOR THE HOURS BELOW <input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER						
PLEASE INDICATE WHICH HOURS YOU <u>CAN WORK</u> EACH DAY						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

PLEASE ALSO COMPLETE SECOND PAGE

SPECIAL JOB SKILLS	
SKILL	PLEASE DESCRIBE
<input type="checkbox"/> TYPING	
<input type="checkbox"/> COMPUTING	
<input type="checkbox"/> LANGUAGES	
<input type="checkbox"/> OTHER	

WORK RELATED EXPERIENCE / VOLUNTEER WORK		
EMPLOYER NAME AND ADDRESS	JOB TITLE AND RESPONSIBILITIES	DATES EMPLOYED
		FROM:
		TO:
		HOURS PER WEEK:
EMPLOYER NAME AND ADDRESS	JOB TITLE AND RESPONSIBILITIES	DATES EMPLOYED
		FROM:
		TO:
		HOURS PER WEEK:
EMPLOYER NAME AND ADDRESS	JOB TITLE AND RESPONSIBILITIES	DATES EMPLOYED
		FROM:
		TO:
		AVERAGE NUMBER OF HOURS WORKED PER WEEK:

PLEASE SIGN BELOW	
SIGNATURE:	DATE:
<p>My signature affirms that the information on this application form is accurate. Note: Employment offers will be conditioned upon successful completion of a criminal background check. A conviction will not necessarily exclude you for employment.</p>	

RETURN TO: CONFERENCE SERVICES: 100 David Hollowell Drive, Newark, DE 19716 or email as attachment to: ctuozzol@udel.edu

APPLICATIONS ARE KEPT ON FILE FOR ONE SEMESTER