Application for Student Employment
Please complete both sides. Submit the completed form to the Circulation Desk.

PERSONAL INFORMATION

DATE: __________________________________________________

NAME: (LAST)_________________________________ (FIRST)_________________________________ (MI)_____

LOCAL ADDRESS ___________________________________________________________________________

HOME ADDRESS ____________________________________________________________________________

LOCAL PHONE NUMBER ____________________________ ARE YOU ENROLLED THIS TERM? YES NO

HOME PHONE NUMBER_______________________________ COLLEGE _____________________________

E-MAIL ADDRESS ____________________________________ YEAR: FR SO JR SR GRAD

ARE YOU A FULL OR PART TIME STUDENT? FT PT DO YOU HAVE WORK STUDY STATUS? YES NO

WORK HISTORY AND EXPERIENCE

ARE YOU EMPLOYED ELSEWHERE ON CAMPUS? YES NO IF YES, WHERE?_______________________________ DEPT. HRS PER WK

HAVE YOU EVER BEEN EMPLOYED ON CAMPUS? YES NO IF YES, WHERE?_______________________________ DEPT. HRS PER WK

DO YOU HAVE EXPERIENCE USING A LIBRARY? YES NO

DESCRIBE BRIEFLY____________________________________________________________________________

DO YOU HAVE ANY CUSTOMER SERVICE EXPERIENCE? YES NO

DESCRIBE BRIEFLY____________________________________________________________________________

DESCRIBE YOU COMPUTER SKILLS _________________________________________________________________

CIRCLE ANY OF THE FOLLOWING WITH WHICH YOU EXPERIENCE:

OFFICE DUTIES DATA ENTRY/WORD PROCESSING UCLID/OHIOLINK FOREIGN LANGUAGE SKILLS
WAREHOUSE/STOCK ROOM SECOND OR THIRD SHIFTS SOFTWARE APPLICATIONS PROBLEM SOLVING SKILLS

PREVIOUS EMPLOYMENT NOT LISTED (Start with the most recent. Be sure to include the place, dates and the position.)

1. ________________________________

2. ________________________________

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO
REFERENCES  (INCLUDE NAMES, PHONE NUMBERS AND YOUR RELATIONSHIP TO EACH INDIVIDUAL)

1.  

2.  

CECH LIBRARY APPLICATION FOR STUDENT EMPLOYMENT

PLEASE INDICATE THE HOURS YOU ARE ABLE TO WORK DURING __________ QUARTER FOR THE YEAR 20___

PLACE AN X OR SHADE IN THE BOXES FOR THE HOURS DURING WHICH YOU ARE AVAILABLE TO WORK

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DO YOU HAVE ANY SPECIAL SCHEDULING NEEDS?  (E.g., transportation, sports, meetings, weekends, etc.)  YES  NO

Describe briefly.  ________________________________________________________________

I UNDERSTAND THAT ANY INTENTIONAL MISREPRESENTATION OF FACT IN THIS APPLICATION WILL BE
CAUSE FOR DISMISSAL, CANCELLATION OF OFFER AND/OR NEGOTIATION OF ANY ADDITIONAL EMPLOYMENT
CONSIDERATIONS OR AGREEMENTS.  I HEREBY AUTHORIZE THE UNIVERSITY OF CINCINNATI TO
INVESTIGATE THESE STATEMENTS WITHOUT LIABILITY ARISING THEREFROM.

APPLICANT SIGNATURE _________________________________________ DATE _____________________

COMMENTS

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

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PLEASE NOTE: FOR THE PURPOSES OF PERFORMING ESSENTIAL DUTIES, SOME POSITIONS MAY REQUIRE THE ABILITY TO STOOP
AND BEND, LIFT MATERIALS WEIGHING UP TO 40 LBS, AND OR THE ABILITY TO MOVE LOADED BOOK TRUCKS WEIGHING UP TO 100 LBS.