

Today's Date: _____

Memorial Library
SUNY College at Cortland

LIBRARY ASSISTANTS
Application for Work

- Fall Semester 20 _____
 - Spring Semester 20 _____
 - Summer 20 _____
- Check all that apply and please fill in the year.*

Name: _____
Last First

Soc. Sec. # _____
Cortland C # C00

Cortland Address: _____

E-Mail _____

Home (Parents) Address: _____

Local Phone #: (____) _____
Home Phone #: (____) _____

Do you currently attend SUNY Cortland? Yes or No -- Where are you attending? _____

Year in college: Freshman Sophomore Junior Senior Graduate

Ethnicity (Optional): White/Caucasian Hispanic African American Asian Native American
 Other _____

Previous Work Experience: _____

Special Skills (typing, computers, filing etc.): _____

Previous Experience in this Library: _____

College Information: Major _____ Minor _____

Will you be practice teaching this semester? Yes No If Later, when? _____

Are you eligible for Financial Aid's work-study program? Yes No

Extra-curricular activities/another job that might conflict with work schedule _____

Hours per week you can or want to work: _____

Prefer working: (check all that apply)
 with the public by myself no preference weekends early mornings evenings late nights

PLEASE INDICATE HOURS YOU CAN WORK

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	OFFICE USE ONLY
							<input type="checkbox"/> Work study <input type="checkbox"/> Temp Service ___ Allotted Hours Dept. Assigned: _____ Supervisor: _____

