

Lane Library Student Assistant Application Form

DATE ___/___/___

NAME _____ INST. ID # _____
(LAST) (FIRST) (MI)

ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____

PHONE (____) _____ EMAIL _____

STATUS: (CIRCLE ONE) **FR SO JR SR GRAD** MAJOR: _____

BIRTH DATE: ___/___/___ GPA _____ GRADUATION DATE _____
(EXPECTED)

Have you ever worked in a library? _____ If yes, please list your duties: _____

What library services have you used at AASU? (Check all that apply) () ERES () GIL
() ILL () Gil Express () Galileo Databases () Media Services () Reference

Do you have your own transportation? ___ Can you work weekends? _____

Can you work nights until 11 p.m.? _____

List the hours you are available to work:

Library Hours: M-TH 7:30 am – 11 pm, F 7:30 am – 5 pm, SAT 10 am – 6 pm, SU 2 pm – 11 pm

Monday: _____ Tuesday: _____

Wednesday: _____ Thursday: _____

Friday: _____ Saturday: _____

Sunday : _____

Do you have another job? _____ How many hours per week? _____

Do you have any time commitments outside of class times? _____ ; If yes, describe below:

Circle the Semester for which you are applying? () Fall () Spring () Summer

A COPY OF YOUR CLASS SCHEDULE MUST BE ATTACHED TO THIS APPLICATION!

Current Semester hours: ____

(A minimum of 12 semester hours are required, 6 hours in summer)

Are you applying to work in a specific department of the library? _____

(check all that apply) Circulation Media Services Any

TECHNICAL SKILLS

Please list any computer & Technical Skills:

PREVIOUS WORK EXPERIENCE

Employer *Phone* *Position* *Employment Dates*

REFERENCES *(Please give names of two people not related to you.)*

Name *Phone* *Position* *Relation to you*
