



## Student Employment Application

Date \_\_\_\_\_ Application for \_\_\_\_\_ semester

Federal work-study grant? \_\_\_\_ yes \_\_\_\_ no If yes, amount \$ \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_

Number/Street or TCU Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ TCU E-Mail \_\_\_\_\_

### Academic Status

Freshman      Sophomore      Junior      Senior      Other

### Work Availability Schedule

How many hours do you want to work per week? \_\_\_\_\_

Put an ✓ in the spaces where you are **available** to work. Gray areas = Library closed.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7-8 am							
8-9 am							
9-10 am							
10-11 am							
11-12 am							
12-1 pm							
1-2 pm							
2-3 pm							
3-4 pm							
4-5 pm							
5-6 pm							
6-7 pm							
7-8 pm							
8-9 pm							
9-10 pm							
10-11 pm							
11-12 pm							
12-1 am							

*Typical work shifts will be a minimum of 2 hours in length.*

## Employment History

Dates	Name of Business	Supervisor	Phone	Position Held

Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates	Name of Business	Supervisor	Phone	Position Held

Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates	Name of Business	Supervisor	Phone	Position Held

Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Emergency Information

Local Contact \_\_\_\_\_ Phone \_\_\_\_\_

Family Member \_\_\_\_\_ Phone \_\_\_\_\_

I hereby certify that the information contained in this application and all supplemental support documents is accurate to the best of my knowledge and belief. I understand the omission or misstatement of pertinent facts or information may disqualify my employment consideration. I authorize my former employers or persons named above to give any information they may have regarding my work history.

If hired I will comply with all orders, rules and regulations of the TCU Library. I understand that my employment is **At Will** and can be terminated with or without prior cause or notice at any time by the TCU Library or myself. **My signature is evidence that I have read and agree with the above statements.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_