

**APPLICATION FOR EMPLOYMENT
STUDENT ASSISTANT STANDISH LIBRARY
FALL & SPRING**

DATE: _____

NAME: _____

SIENA ADDRESS: _____

E-MAIL ADDRESS: _____

PHONE NUMBER: _____

HOME ADDRESS: _____

PHONE NUMBER: _____

EXPECTED DATE OF GRADUATION: _____

MAJOR: _____

**FULL TIME STUDENTS ARE REGISTERED FOR 12 OR MORE CREDITS.

ARE YOU REGISTERED AS A FULL TIME STUDENT FOR THE CURRENT SEMESTER?

YES _____ NO _____

DO YOU HAVE A COLLEGE WORK STUDY GRANT? YES _____ NO _____

HAVE YOU EVER WORKED IN A LIBRARY? (PAID OR VOLUNTEER) YES _____ NO _____

IF YES, DESCRIBE: _____

PLEASE LIST OTHER EMPLOYMENT EXPERIENCES:

HOW MANY HOURS PER WEEK WOULD YOU LIKE TO WORK?

WOULD YOU BE AVAILABLE

DAYS:	YES	_____	NO	_____
EVENINGS:	YES	_____	NO	_____
WEEKENDS:	YES	_____	NO	_____

PLEASE WRITE DOWN YOUR FALL SCHEDULE:

PLEASE LIST ANY OTHER COMMITMENTS THAT YOU ARE INVOLVED WITH: I.E.,
ANOTHER JOB, MEETINGS, SPORTS, ETC.

PLEASE LIST ON-CAMPUS REFERENCES:

A - FACULTY MEMBERS:

B - ADMINISTRATORS:

C - STUDENT LIBRARY ASSISTANTS: