



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 _____