

USI LIBRARY SERVICES
Student Worker Pre-Interview
Information Sheet

PLEASE PRINT

NAME _____ DATE _____

HOME ADDRESS _____ CITY, STATE, ZIP _____

LOCAL CAMPUS ADDRESS _____ CITY, STATE, ZIP _____

PHONE: HOME _____ CAMPUS _____ CELL _____

E-MAIL ADDRESS _____ Student ID# _____

Best way to contact you (i.e. phone, e-mail, cell) _____

Keyboarding Skills? Yes _____ No _____ Approximate wpm: _____

List Computer Experience: Word _____ Access _____ Excel _____

WordPerfect _____ Other: _____

WORK EXPERIENCE (beginning with most recent):

<p>1) Employer: Summary of Duties:</p> <p>Phone:</p>

<p>2) Employer: Summary of Duties:</p> <p>Phone:</p>

Would you be willing/available to work weekends or evenings if/when needed? Yes _____ No _____
Christmas Break? _____ Spring Break? _____

List University activities in which you participate _____

Major Area of Study _____ Student Status: Fr _____ So _____ Jr _____ Sr _____

<p>CLASS SCHEDULE: Please circle applicable semester - Fall Spring Summer 20 _____</p> <p style="text-align: center;"><u>Monday</u> <u>Tuesday</u> <u>Wednesday</u> <u>Thursday</u> <u>Friday</u></p> <p>Along with _____ hrs. of classes, how many hours do you feel you could work per week: _____ (Please note: The University observes a maximum of 20 work hours weekly when a student is taking classes.)</p> <p>PREFERRED WORK SCHEDULE:</p> <p style="text-align: center;"><u>Monday</u> <u>Tuesday</u> <u>Wednesday</u> <u>Thursday</u> <u>Friday</u></p>
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OVER

Are you a USI student? _____ Are you employed by any other department at USI? _____

Are you registered with the Office of Career Services? Yes _____ No _____

Please briefly explain your reason for applying for this position. _____

Have you (in the last year) received a scholarship, work study award or other financial aid? _____ If yes, please specify type of aid to help Library Services in properly and promptly processing any necessary paperwork.

Have you previously applied for a position in the Library? Yes _____ No _____

I certify that the information supplied above is accurate and complete.

Signature of Applicant

Please note: Should any section be left blank without explanation your application will be assigned low priority. Should you need to return to complete a section (such as your class schedule) please do so promptly.

**DO NOT WRITE BELOW LINE
INTERVIEW DATA—OFFICE USE ONLY**

Date: _____

Position: _____ Hired: Yes _____ No _____

Interviewer(s): _____

COMMENTS:

INTERVIEW DATA

Date: _____

Position: _____ Hired: Yes _____ No _____

Interviewer(s): _____

COMMENTS: