



365 North McIlroy Avenue • Fayetteville, Arkansas 72701-4002 • (479) 575-6702 • (479) 575-6656 (FAX)

University of Arkansas Libraries

PART-TIME JOB APPLICATION

DATE _____

LAST NAME _____ FIRST NAME _____ M.I. _____

UNIVERSITY ID _____ PHONE _____

LOCAL ADDRESS _____ BEST TIME TO CALL _____

_____ EMAIL _____

PERMANENT ADDRESS _____ PHONE _____

Are you eligible for financial aid? Yes _____ No _____

If yes, are you eligible for work-study? Yes _____ No _____ \$ Amount _____

NOTE: The library is also open nights, weekends, and during vacation periods.
Working during exam periods is a requirement of employment.

Which do you prefer? DAYS _____ EVENINGS _____ WEEKENDS _____

PRESENT ACADEMIC LEVEL: Fresh _____ Soph _____ Jr _____ Sr _____ Grad _____ Other _____

COLLEGE _____ MAJOR _____

SPECIAL SKILLS OR TALENTS:

keyboarding (wpm) _____ computer (specify) _____

other _____

WORK EXPERIENCE

Dates Employed Employer Phone # Position Supervisor

Please check the categories of work below to indicate your willingness to perform job assignments:

contact with public _____ office duties _____

physical work (e.g. shelving books) _____ computer work _____

other _____

Please indicate the year for each semester for which you are applying:

Fall _____ Spring _____ Summer I _____ Summer II _____

How many hours per week do you plan to work? _____

(over)

REFERENCE RELEASE FORM

I hereby agree that the University of Arkansas and/or its representative agents may:

1. Contact the persons listed as references on my application form, résumé, and/or vita, etc.
2. Release information to prospective employers regarding my job performance.

Signature _____

Date _____

LIBRARY HOURS: Mon-Thu 7:00 am to 2:00 am
Fri 7:00 am to 6:00 pm
Sat 10:00 am to 6:00 pm
Sun 12:00 pm to 2:00 am

From the hours listed above, please list the hours that you are **available** to work:

MON: _____
TUE: _____
WED: _____
THU: _____
FRI: _____
SAT: _____
SUN: _____

DO NOT WRITE BELOW THIS LINE

Application Sent To:

Date:

