



Student Assistant Employment Application

APPLICANT INFORMATION

FULL NAME		FIRST	MIDDLE	LAST
ADDRESS		STREET		
		CITY		
		ZIP CODE		
EMAIL ADDRESS		PHONE NUMBER		
ARE YOU A CURRENT PCC STUDENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU A CAL-WORKS OR FEDERAL WORK-STUDY RECIPIENT?		YES NO
ARE YOU AT LEAST 18 YRS OF AGE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	EXPECTED GRADUATION DATE		
ARE YOU A US CITIZEN?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, WHAT TYPE OF VISA DO YOU HAVE?		
FOR WHICH ACADEMIC TERMS ARE YOU APPLYING TO WORK?		<input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER <input type="checkbox"/> WINTER		
HOW MANY UNITS WILL YOU TAKE DURING THIS ACADEMIC TERM?		_____ UNITS		

HOURS AVAILABLE FOR WORK PER WEEK: _____
(Minimum 8 hours/Maximum 20)

DAY OF THE WEEK	MORNING	AVAILABILITY AFTERNOON	EVENING	DAY OF THE WEEK	MORNING	AVAILABILITY AFTERNOON	EVENING
MONDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FRIDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TUESDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SATURDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEDNESDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
THURSDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

LIST ANY SPECIAL SKILLS YOU HAVE THAT MIGHT BE RELEVANT TO LIBRARY WORK (COMPUTER SKILLS, LANGUAGE ABILITIES, ETC.)

HAVE YOU EVER PREVIOUSLY WORKED FOR PCC? ☐ YES ☐ NO
IF YES, GIVE NAME OF THE DEPARTMENT AND DATES OF EMPLOYMENT: _____

PLEASE NOTE THAT THIS APPLICATION WILL BE KEPT ON FILE UNTIL THE END OF THE CURRENT SEMESTER. IF YOU ARE NOT CALLED FOR AN INTERVIEW, YOU MUST REAPPLY EACH SEMESTER.

APPLICANT CERTIFICATION

I certify that to the best of my knowledge the foregoing statements are correct and complete. The Shatford Library has my permission to verify information provided on this form.

APPLICANT SIGNATURE: _____ DATE: _____