PLEASE PRINT LEGIBLY

Name______________________________
Ripon College Email____________________
Telephone #___________________ Unit #________

Current Year: (circle one)
1 2 3 4

Please circle the term for which you are applying:
Fall Spring Summer

Major/Minor_____________________________________

List 5 words that would describe you:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Do you qualify for an 8-hour per week work-study grant?
Yes  No

Do you have another job on campus? If so, which department and how many hours do you work there?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Do you have any library-related work experience?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Why do you want to work at Lane Library?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What extra-curricular activities do you have? (sports, music, forensics, drama, etc.)
Which part of the semester does it occupy?
________________________________________________________________________
________________________________________________________________________

What department(s) are you applying to be an assistant for (circle all that apply – see website for full job descriptions):

Circulation  Cataloging  Data Entry  Materials Processing  Archives  Wisconsin Documents  Display  Federal Documents  Resource Services

How much responsibility would you like to have?
________________________________________________________________________
________________________________________________________________________

If one of our current library assistants recommended you for a position here, please state his/her name:
________________________________________________________________________
________________________________________________________________________

Please list the names of two references:
________________________________________________________________________
________________________________________________________________________

Would you prefer to work mornings (7:30) or nights (until midnight)?
________________________________________________________________________
________________________________________________________________________

This area for Office Use only:

Hired______________________________
For Days/Hours______________________
Class and Activity Schedule for the Semester Being Applied for.

Please "X" out the hours you CANNOT work.
If the second half of your semester will be different, note the changes at the bottom of the page.

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