UNIVERSITY OF COLORADO – LIBRARIES STUDENT JOB APPLICATION

	GENDER:*
DATE OF APPLICATION:	o MALE
	o FEMALE
	O I EFINEE
NAME (AS IT APPEARS ON YOUR SOCIAL SECURITY CARD):	MARITAL STATUS:*
	MARRIED
MAILING ADDRESS:	o SINGLE
MAILING ADDRESS:	
CITY, STATE, ZIP:	ETHNIC GROUP:*
	o AMERICAN INDIAN/ALASKAN NATIVE
	ASIAN/PACIFIC ISLANDER
LOCAL TELEPHONE:	o BLACK
	CAUCASIAN
	HISPANIC
E-MAIL ADDRESS:	○ CHOOSE NOT TO DISCLOSE
	CTTTTENGUED *
	CITIZENSHIP:*
PERMANENT ADDRESS:	○ US CITIZEN
	 PERMANENT RESIDENT
	 ALIEN AUTHORIZED TO WORK
CITY, STATE, ZIP:	·
EMERICANOV CONTACT NAME O TELEBUIONE NUMBER:	CLASS:
EMERGENCY CONTACT NAME & TELEPHONE NUMBER:	○ GRADUATE
	o SENIOR
	JUNIOR
	○ SOPHOMORE
DATE OF BIRTH:*	o FRESHMAN
STUDENT ID #:*	AVAILABILITY:
	o DAYS
	EVENINGS
MAJOR:	○ WEEKENDS
PLANNED OCCUPATION:	DO YOU HAVE A WORKSTUDY AWARD?
	○ YES
	o NO
	o AMOUNT:
SPECIAL QUALIFICATIONS AND SKILLS:	
O FILING	ARE/WERE YOU EMPLOYED AT CU?
O TYPING/WPM:	o YES
O MACHINE SKILLS:	o NO
O FOREIGN LANGUAGES:	
	DATES:
HONORS AWARDS FELLOWSHIPS	DEPARTMENT:
HONORS, AWARDS, FELLOWSHIPS:	
	FOR DEPARTMENTAL USE ONLY:
	START DATE:
PLEASE NOTE: A valid social security card must be presented	
in order to be employed by the University.	DEPARTMENT HIRING:
*THIC INCODMATION IS OBTIONAL ON THIS APPLICATION	
*THIS INFORMATION IS OPTIONAL ON THIS APPLICATION	PAY RATE:
BUT IS REQUIRED AT THE TIME OF HIRE TO COMPLY WITH	SSN:
FEDERAL REPORTING REGULATIONS.	I DOM:

IF YOU ARE OR HAVE BEEN EMPLOYED BY THE UNIVERSITY OF COLORADO LIBRARIES, PLEASE LIST THAT INFORMATION FIRST; OTHERWISE, LIST JOBS IN ORDER, STARTING WITH YOUR PRESENT OR LAST JOBS.

EMPLOYER:	DUTIES:
ADDRESS:	
TELEPHONE:	
DATES:	
PAY RATE:	
HOURS PER WEEK:	
SUPERVISOR & TITLE:	
YOUR TITLE:	REASON FOR LEAVING:
EMPLOYER:	DUTIES:
ADDRESS:	
TELEPHONE:	
DATES:	
PAY RATE:	
HOURS PER WEEK:	
SUPERVISOR & TITLE:	REASON FOR LEAVING:
YOUR TITLE:	
EMPLOYER:	DUTIES:
ADDRESS:	
TELEPHONE:	
DATES:	
PAY RATE:	
HOURS PER WEEK:	
SUPERVISOR & TITLE:	
YOUR TITLE:	REASON FOR LEAVING:
APPLICANT	LIBRARY USE ONLY
I certify that all of the statements made in this application are true, complete, and correct to the best of my	I have hired this applicant to work in my department.
knowledge and belief, and are made in good faith.	SIGNATURE:
SIGNATURE:	DEPARTMENT:
	DEPARTMENT:
DATE:	DEPARTMENT:
DATE:	DATE: