# UC LAW SF LIBRARY – APPLICATION FOR EMPLOYMENT

Date: _____        Class Level?   2L          3L          LLM/MSL

Name: _____        Class of _____
       Last            First         Middle Initial

Telephone: _____        Email: _____

Address: _____
       Number and Street

_____
       City, State, Zip

Dates Available (mark all that apply)   Summer        Fall          Spring

Preferred number of hours you want to work per week: _____

Work Study eligible? Yes _____ No _____          Amount of grant: $_____

Library-related work experience:

_____

Do you have any friends working for the Law Library?  Yes _____ No _____

If yes, state name(s): _____

Recent Employment History:

_____
       Job title, employer, dates of employment
_____

Two work-related references with contact info:

_____

_____

Please complete page two

# AVAILABLE HOURS

**Please mark on the grid the times you are available to work**.

|          | MON | TUES | WED | THURS | FRI | SAT | SUN |
|----------|-----|------|-----|-------|-----|-----|-----|
| **8-9am** |     |      |     |       |     |     |     |
| **9-10am** |    |      |     |       |     |     |     |
| **10-11am** |   |      |     |       |     |     |     |
| **11-12** |     |      |     |       |     |     |     |
| **12-1pm** |    |      |     |       |     |     |     |
| **1-2pm** |     |      |     |       |     |     |     |
| **2-3pm** |     |      |     |       |     |     |     |
| **3-4pm** |     |      |     |       |     |     |     |
| **4-5pm** |     |      |     |       |     |     |     |
| **5-6pm** |     |      |     |       |     |     |     |
| **6-7pm** |     |      |     |       |     |     |     |
| **7-8pm** |     |      |     |       |     |     |     |
| **8-9pm** |     |      |     |       |     |     |     |
| **9-10pm** |    |      |     |       |     |     |     |

Commitments/anticipated absences:

_____

_____

Email your completed form to circulation@uclawsf.edu