

UC LAW SF LIBRARY – APPLICATION FOR EMPLOYMENT

Date: _____

Class Level? 2L

3L

LLM/MSL

Name: _____

Last

First

Middle Initial

Class of _____

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

Library Use Only

Application received _____ Requested interview _____

Interviewed _____ Sent to Financial Aid for Work Study _____

Check references _____

Hired _____ Sent to Human Resource for Work Authorization _____

Paperwork completed _____ Schedule initial training _____ Train _____

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