

**STUDENT ASSISTANT  
EMPLOYMENT APPLICATION**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

BGSU ID NO.: P \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ ZIP CODE: \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOME E-MAIL ADDRESS: \_\_\_\_\_

BGNET ADDRESS: \_\_\_\_\_ @bgnet.bgsu.edu \_\_\_\_\_

CHECK YOUR CLASS LEVEL:      FRESH      SOPH      JR      SR      GRAD

MAJOR: \_\_\_\_\_ MINOR: \_\_\_\_\_

CAREER GOAL: \_\_\_\_\_

**HAVE YOU EVER BEEN EMPLOYED AT BGSU?**      YES      NO

IF YES:    EMPLOYING DEPARTMENT: \_\_\_\_\_ DATES: \_\_\_\_\_

\_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

\_\_\_\_\_ IMMEDIATE SUPERVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PREVIOUS NON-BGSU EMPLOYER:** \_\_\_\_\_

LOCATION: \_\_\_\_\_

\_\_\_\_\_ SUPERVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_

**PREVIOUS LIBRARY EXPERIENCE:** \_\_\_\_\_

LOCATION: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_

**COMPUTER SKILLS:** \_\_\_\_\_

**OTHER OFFICE/LIBRARY SKILLS:** \_\_\_\_\_

\_\_\_\_\_

**Why do you want to work at BGSU Libraries?** \_\_\_\_\_

\_\_\_\_\_

*PLEASE COMPLETE THE SCHEDULING INFORMATION ON THE BACK OF THIS FORM.*

**PLEASE PROVIDE YOUR CLASS SCHEDULE:**

MONDAY: \_\_\_\_\_

TUESDAY: \_\_\_\_\_

WEDNESDAY: \_\_\_\_\_

THURSDAY: \_\_\_\_\_

FRIDAY: \_\_\_\_\_

-----OR-----

**PLEASE CHECK THE TIMES YOU COULD WORK AT BGSU LIBRARIES :**

MORNING

AFTERNOON

EVENING

MONDAY: \_\_\_\_\_

TUESDAY: \_\_\_\_\_

WEDNESDAY: \_\_\_\_\_

THURSDAY: \_\_\_\_\_

FRIDAY: \_\_\_\_\_

SATURDAY: \_\_\_\_\_

SUNDAY: \_\_\_\_\_

**HAVE YOU BEEN AWARDED FEDERAL WORK/STUDY?    YES        NO**

IF YES, AMOUNT OF AWARD: \$ \_\_\_\_\_ (total for academic year)

I understand that I must be enrolled at Bowling Green State University no less than six (6) credit hours as an undergraduate / four (4) credit hours as a graduate student in order to be eligible for the Student Employment Program.

**PRIVACY ACT RELEASE**

In accordance with the Family Educational Rights and Privacy Act, I consent to the release of my student employment file to any prospective employer at the request of the employer, myself or upon referral by the Student Employment Program Office.

I understand that all other requests for my student employment information (agency programs, credit applications or graduate school requests) must be authorized in writing by me.

\_\_\_\_\_  
**GNATURE**

\_\_\_\_\_  
**DATE**

**Return completed form to:** L. Tatham, Jerome Library, Rm 204, Bowling Green State University, Bowling Green, OH 43403 or email ltatham@bgnet.bgsu.edu