

Graduate Assistant Application

PLEASE NOTE: Library Affairs only accepts applications for open positions. You must complete a separate application for each position for which you wish to apply. Submit applications Monday through Friday, 8:00am – 4:30pm, in the Library Affairs Administrative Office in Morris Library Room 290, or via email to adminoffice@lib.siu.edu. Applicants who do not meet the minimum required qualifications outlined in the posted position description, as well as applications received after the posted application deadline, will not receive consideration. Candidates will only be contacted if they have been selected for an interview.

Position Applying For: _____

Date of Application: _____ Number of Enrolled Hours for First Semester of Employment: _____

Full Name: _____
LAST FIRST M.I.

SIU Dawg Tag Number: _____ SIU AIS Number: _____

Local Address: _____
Street Address, Apt/Unit # City, State, Zip

Phone Number(s): _____ E-Mail Address: _____

Date of Acceptance to SIU Graduate School: _____

Graduate Major/Minor: _____ College: _____

Graduate Program Entry Date: _____ GPA: _____ Expected Date of Graduation from Graduate Program: _____

Are you a citizen of the United States? ____ Yes ____ No If No, are you authorized to work in the U.S.? ____ Yes ____ No

Visa Type: _____

Education

Institution: _____
Name Location

From: ____ / ____ To: ____ / ____ Did you graduate? ____ Yes ____ No Major/Minor: _____

Institution: _____
Name Location

From: ____ / ____ To: ____ / ____ Did you graduate? ____ Yes ____ No Major/Minor: _____

Institution: _____
Name Location

From: ____ / ____ To: ____ / ____ Did you graduate? ____ Yes ____ No Major/Minor: _____

Work Experience

Have you previously worked on the SIU campus? _____ Yes _____ No

If yes, where and in what capacity? _____
(List details below with other work experience)

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Have you previously worked in an academic library? _____ Yes _____ No

If yes, where and in what capacity? _____
(List details below with other work experience)

Previous Work Experience

(Attach additional pages if necessary.)

Company/Organization: _____
Name Location

Supervisor: _____
Supervisor Name Supervisor E-Mail Address/Phone

May we contact this supervisor? ____ Yes ____ No Your Job Title: _____

Your Major Responsibilities: _____

.....

Company/Organization: _____
Name Location

Supervisor: _____
Supervisor Name Supervisor E-Mail Address/Phone

May we contact this supervisor? ____ Yes ____ No Your Job Title: _____

Your Major Responsibilities: _____

.....

Company/Organization: _____
Name Location

Supervisor: _____
Supervisor Name Supervisor E-Mail Address/Phone

May we contact this supervisor? ____ Yes ____ No Your Job Title: _____

Your Major Responsibilities: _____

Skills

Library Skills: _____

Computer Skills: _____

Other Skills: _____

Professional References

Name: _____ Title: _____

Company/Organization: _____

Phone: _____ E-Mail: _____

.....

Name: _____ Title: _____

Company/Organization: _____

Phone: _____ E-Mail: _____

.....

Name: _____ Title: _____

Company/Organization: _____

Phone: _____ E-Mail: _____

I certify that all my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information on my application or during my interview may result in disciplinary action up to, and including, termination.

Applicant Signature

Date

You may submit a resume in addition to this application.
