

Stevens Institute of Technology  
**S. C. Williams Library**  
201-216-5200

**EMPLOYMENT APPLICATION / RECORD [Internal]**

Special Collections Information Services Circulation Desk Orders Cataloging Serials  
Binding Computers Machine Maintenance Heavy Work Projects Photocopying Shelving

*Fill out completely. Please Print.*

\_\_\_\_\_ Male ( ) Female ( )  
Last Name First Name

\_\_\_\_\_ City State Zip  
Street Address

\_\_\_\_\_ Stevens Email Address  
Home Phone #

( ) Undergraduate Student: Class Year \_\_\_\_\_ ( ) Graduate Student: Masters or Ph.D.

\_\_\_\_\_ Stevens Box # Dormitory & Room  
Cell. Phone / Dorm Extension

\_\_\_\_\_ Stevens ID or Social Security #  
Birth Date

\_\_\_\_\_ Name Telephone #  
In case of emergency notify:

Work/Study Eligible: ( ) No ( ) Yes If so, award amount \$ \_\_\_\_\_

Are you currently working on campus? \_\_\_\_\_ If so, which Dept.? \_\_\_\_\_

Days & times available to work: Relevant Employment/Experience Skills:

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\_\_\_\_\_  
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\_\_\_\_\_ Date of Application  
Signature

**IMPORTANT: THIS APPLICATION IS VALID FOR ONE SEMESTER.**

To keep it active, you must verify your student status and  
employment data at the beginning of each new semester.

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**FOR OFFICE USE ONLY:**

Date of interview: \_\_\_\_\_ Staff initials: \_\_\_\_\_  
Date of hiring: \_\_\_\_\_ To work \_\_\_\_\_ hrs/wk Staff initials: \_\_\_\_\_  
Application renewed on: \_\_\_\_\_ Staff initials: \_\_\_\_\_