

LEDDY LIBRARY



University
of Windsor

Student Consultant Employment Application

Please complete all sections in this application. Email your completed application along with your resume to ledsys@uwindsor.ca. The subject of your email must be: **YYYY-MM-DD - Leddy Consultant Application**. Where **YYYY-MM-DD** is the submission date. Your application will be kept on file for 6 months from the date of the application. If selected for an interview, we will contact you. Thank you for your interest in the position.

DISCLAIMER AND SIGNATURE

I certify that 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 in my application or interview may result in my release.

Signature To be signed at interview

Date

APPLICANT INFORMATION

Date of Application (mm/dd/yy)	/ /	Position Applied For	STUDENT CONSULTANT		
Surname (Last Name)		First Name		Initial	
Street Address					
Town/City		Province		Postal Code	
Phone No	() -	University of Windsor E-mail Address			
Student Number		Date Available (mm/dd/yy)	/ /		
Are you an International student?	YES	NO	If yes, do you have a study/work permit to work in Canada?	YES	NO
Have you ever worked for any other University of Windsor department?	YES	NO	If YES, please provide details.		
Department	Supervisor	From (mm/dd/yy)	To (mm/dd/yy)	Position	
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		
Have you ever worked as a TA or GA?	YES	NO	If YES, please provide details.		
Department	Supervisor	From (mm/dd/yy)	To (mm/dd/yy)	Course No	
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		

UNIVERSITY INFORMATION

Check all that apply.	Currently Enrolled?	YES	NO	Full-time	Part-time	Graduate	Undergraduate
Degree				Major(s)			
Start Date (mm/dd/yy)	/ /	Graduation Date (mm/dd/yy)			/ /		
Are you in a coop program?	YES	NO	If yes, when is your next coop term?				

DESCRIBE ANY WORK EXPERIENCE THAT HELPED YOU DEVELOP YOUR INTERPERSONAL OR COMMUNICATION SKILLS:

COMPUTER RELATED EXPERIENCE

PLEASE SELECT YOUR LEVEL OF EXPERIENCE OF EACH ITEM USING THE FOLLOWING RATING SCALE.

	1. INEXPERIENCED				2. SLIGHTLY EXPERIENCED				3. FAIRLY EXPERIENCED				4. VERY EXPERIENCED			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
WINDOWS 7					STUDENT WEBMAIL					UWIN CARD						
WINDOWS 10					MS365					OFFICE SUITE						
PC					HOTMAIL					INTERNET EXPLORER						
MAC					GMAIL					FIREFOX						
UNIX/LINUX					WIRELESS ACCESS					CHROME						
SSH SECURE SHELL					ANTIVIRUS SOFTWARE					OTHER: _____						
OTHER: _____					OTHER: _____					OTHER: _____						

REFERENCES

PLEASE LIST THREE REFERENCES. *Professional references preferred.*

Full Name	Relationship
Company	Phone No () -
Address	
Full Name	Relationship
Company	Phone No () -
Address	
Full Name	Relationship
Company	Phone No () -
Address	