



Gallery Attendant Application for AY 2019-2020

				Applic	cant Ir	nfoi	rmation							
Full Name:	a·							Student ID #:						
i uli ivallie.	Last First								Class Year: FR SO JR			JR	SR	
Address:														
	Street Address								Apartment/Unit #					
	City								State	71	P Code			
	City							•	Siale	21	P Code			
Phone:					Е	ma	il							
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2018-2019	Academ	ic Year F	ederal Work	Study Award	d Amou	nt:	\$							
Do you have another work study job?							VEC		NO					
			epartment be	low.			YES	NO						
	-													
Job Title:				De	partme	nt:_								
							YES		NO					
Do you have a job off-campus?														
				Δ.										
Job Title: Address:														
Work Sched	lule:													
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Work Schedule														
Circle your preferred weekday work schedule based on next semester's courses and check five weekend shifts.														
Weekday Schedule														
Monday	10)-11AM	11-12PM	12-1PM	1-2P	M	2-3PM	3-4PN	Л					
Tuesday	10)-11AM	11-12PM	12-1PM	1-2P	M	2-3PM	3-4PN	Л					
Wednesd)-11AM	11-12PM	12-1PM	1-2P		2-3PM	3-4PN						
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Thursday)-11AM	11-12PM	12-1PM	1-2P		2-3PM		И 4-5PM	5-6P	IVI			
Friday	10)-11AM	11-12PM	12-1PM	1-2P	M	2-3PM	3-4PN	Л					
				Cotur	day Sh	£40	12 4DM							
DATES		SATURDA	\v I	DATES	uay Sn	_	12-4PM ATURDAY		DATES		CATI	JRDAY		
AUG 31		SATUKUA	\	OCT 5) SP	ATUKDAY		NOV 9		SAIL	ΑΥ		
SEPT 7				OCT 12					NOV 16					
SEPT 14				OCT 19					NOV 30					
SEPT 21				OCT 26					DEC 7					
SEPT 28				NOV 2					DEC 14					

Background Questions

How did you hear about the position?	
2. Why are you interested in working for the Museum of Ar	t?
3. Please list any other time commitments you may have (regularly scheduled practices, extra-curricular activities, etc.)
Refer	rences
Please list two professional references.	
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	
	and Signature
I certify that my answers are true and complete to the be	,
If this application leads to employment, I understand that interview may result in my release.	false or misleading information in my application or
Signature:	Date:

Please return this application to the **Museum of Art** mailbox located in the **Art and Art History Office, Room A201** or email to laura.calhoun@unh.edu.