

Portland State University
School of Fine & Performing Arts
Department of Music

Department of Music Office, Lincoln Hall Building, 1620 SW Park Ave, Room 231
Mailing Address: P.O. Box 751, Portland, OR 97207-0751 **Phone:** 503.725.3011 **Fax:** 503.725.8215

Student Employment Application

Important, please read:

- Please read the full announcement (located at <http://www.pdx.edu/music/studentjobs.html> or in hard-copy at the Department of Music office)
- If you meet the qualifications, submit a signed, completed Student Employment Application (and any required supplements) to Department of Music office by 5:00 p.m. on the closing date. Failure to include required supplements may disqualify your entire application
- A separate application must be submitted for each position for which you are applying (photocopies are acceptable)
- Please type or print in dark ink. Applications which are illegible may be rejected
- Please include a resume when you have completed and signed this application

Position

Job Title

**Check this box if you have
Federal Work Study**

Applicant Information

PSU ID #	Last	First	M.	Email

Current Mailing Address

Home Phone/Cell

Street/PO Box	City	State	Zip	()
				()

Three Professional References not Related to You (Names, addresses, and telephone numbers)

1 st Reference	2 nd Reference	3 rd Reference

Hours you are available to work

Monday	Tuesday	Wednesday	Thursday	Friday

Job Number 3

Employer		
Type of Business		Supervisor's Name and Telephone Number
Job Title		From (Month – Year) To (Month – Year)
Total time in position	Hours worked per week (average)	Reason for leaving
DUTIES (List duties you performed)		

The information in my application was freely given and is, to my best knowledge, true and complete. I understand any false statement, misleading answer, or any false information on this application or given during the selection process may be sufficient grounds for immediate elimination from consideration or immediate dismissal at any time. The PSU Department of Music is hereby authorized to contact my present or past employers as references and to receive any information from them about me contained in their personal records and any evaluation of my job knowledge, skills, and performance. I hereby release PSU Department of Music from any liability or damage which may result from furnishing the information requested. The PSU Department of Music may make copies of this authorization available for those contacted.

Signature

Date

FOR OFFICE USE ONLY

<input type="checkbox"/> Application Accepted
<input type="checkbox"/> Application not accepted for the following reason: _____