



Application for Student Employment

General Information

Name		Date of Application	
Local Address			
City	State	Zip	Social Security Number or Tax ID Number
Local Telephone	Cellular Number	E-Mail Address	
Major	Year (e.g. Freshman, Sophomore, etc.)	Have you received an award for Federal Work Study For 2011-12 _____ If "no" please proceed to Office of Financial Aid.	

Employment Experience

Please provide information of your past jobs, assignments or activities

Employer	Job Title
Dates of Employment	
Job description/ Major Duties	
Employer	Job Title
Dates of Employment	
Job description/ Major Duties	

Skills and Qualifications

Summarize any special training, skills, licenses and or certificates that may qualify you as being able to perform job related functions. If you have computer skills, please list software knowledge.

Additional Information

Please provide any additional information which would be relevant to job placement.

What types of position are you most qualified for and interested in?

Acknowledgement - please read carefully and thoroughly before signing

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. False information will be sufficient reason for dismissal. I understand that Manhattan School of Music does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that if I am an international student that I am required to follow the BCIS F-1 Regulation [8 C.F.R. 214.2(f)(9)(i)] which stipulates that international students are authorized to work only on-campus up to 20 hours per week while school is in session and up to 40 hours per week when school is not in session. Failure to abide by this regulation will result in a violation of my F-1 status and I may lose my right to remain in the United States.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and to complete an I-9 form and to sign the Family Education Rights and Privacy Act Statement of Non-Disclosure Agreement for Student Employees.

Signature of Applicant **Date**

For Office Use Only:

Position Title: _____

- | | | |
|-----------------------------------------|-------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Student Worker | <input type="checkbox"/> Internship | <input type="checkbox"/> Doctoral Assistant |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Other | <input type="checkbox"/> Resident Assistant |

Hiring Manager's Signature: _____ Date: _____
Dean of Student's Signature: _____ Date: _____