

Department Of Music Student Employment Application

Please print clearly.

Date: _____

Last Name First Middle

Area Code – Home Telephone

Mailing Address City State Zip Code

Area Code – Home Telephone

Forwarding Address City State Zip Code

Emergency Contact

Date of Birth

Perm#

STUDENT STATUS:

Expected graduation date: _____

Freshman Sophomore Junior Senior Graduate

Do you have Federal Work Study Funds?

Yes No

Do you have a Work Study Certificate? Yes No Time Period Covered _____

Do you have relatives currently employed at UCSB?

Yes No

If yes, name department(s) _____

Have you ever been employed by the University of California?

Yes No

If yes, what campus? _____

Department: _____ Dates: _____

Name of Supervisor: _____ Contact Number: _____

EXPERIENCE/SKILLS:

Check all that apply:

Light Board Sound Board Microphones Speakers

Qualifications:

Why are you interested in working at the Department of Music?

