

**INTENT TO HIRE – JOB DESCRIPTION**

**Per Federal Regulations this form must be complete. Please leave nothing blank.**

Date: \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Purpose: \_\_\_\_\_

Job Qualifications: \_\_\_\_\_

\_\_\_\_\_

Student's Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Department Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Supervisor email: \_\_\_\_\_

Length of student's employment (beginning and ending dates): \_\_\_\_\_

**Ending date cannot exceed May 13, 2009 unless student is approved for Summer Work Study**

Average number of hours student will be employed per week: \_\_\_\_\_

Hourly Wage: \_\_\_\_\_

**Please return this form by campus mail to the Office of Financial Aid or fax to 503-370-6588 (6588 on campus).**