



**Special Skills and Abilities:**

Do you have a current Driver License?  Yes  No

License #: \_\_\_\_\_ State: \_\_\_\_\_ Type/Class: \_\_\_\_\_

Do you possess a current CPR/First Aid card? **CPR:**  Yes  No **First Aid:**  Yes  No

Do you have any foreign language skills?  Yes  No

If yes, which language(s) and what proficiency? \_\_\_\_\_

What other special qualifications do you have that you feel would benefit the Department?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Educational History:**

Are you currently enrolled at UNC?  Yes  No If no, when will you be enrolled? \_\_\_\_\_

What is your present class status?  Freshman  Soph.  Junior  Senior  Grad

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Expected Semester/Year of Graduation: \_\_\_\_\_

Please list any other junior/community college, four-year college, or university you've attended:

Institution Name	Location	When	Degree

**Military Service:**

Have you ever served, or are you currently serving in any branch of the U.S. Military?  Yes  No

If yes, are you:  Active  Inactive Branch: \_\_\_\_\_

## **Employment History:**

Beginning with your current or most recent job, please give the name, address, and telephone number of all employers during the last three (3) years. Include a brief description of the type of work done. **Attach additional sheets as needed.**

Are you currently employed?  Yes  No

1) \_\_\_\_\_  
Employer's Name Complete Address  
( ) -  
Telephone Number Brief Description of Duties  
/ / -- / /  
Employed from - to Reason for Leaving

2) \_\_\_\_\_  
Employer's Name Complete Address  
( ) -  
Telephone Number Brief Description of Duties  
/ / -- / /  
Employed from - to Reason for Leaving

3) \_\_\_\_\_  
Employer's Name Complete Address  
( ) -  
Telephone Number Brief Description of Duties  
/ / -- / /  
Employed from - to Reason for Leaving

4) \_\_\_\_\_  
Employer's Name Complete Address  
( ) -  
Telephone Number Brief Description of Duties  
/ / -- / /  
Employed from - to Reason for Leaving

Have you ever resigned from a position to avoid disciplinary action?  Yes  No

Have you ever been terminated or asked to resign from a position?  Yes  No

If yes, which employer? \_\_\_\_\_

If you answered yes to either of the above questions, attach an additional sheet of paper to explain.

**References:**

List three (3) personal references – persons who know you well but are not related to you.

Name	Address	Telephone
		( ) -
		( ) -
		( ) -

**Residence History:**

Beginning with your current address, list the address of every place you have lived in the last three (3) years. **Attach additional sheets as needed.**

From	To	Address	City, State and Zip

**Criminal History:**

Have you ever been arrested or received a summons for a criminal offense?  Yes  No

If yes, by which agency: \_\_\_\_\_

Charges: \_\_\_\_\_ Disposition: \_\_\_\_\_

Do you have any criminal charges pending?  Yes  No

If yes, by which agency: \_\_\_\_\_

Charges: \_\_\_\_\_ Court Date: \_\_\_\_\_

Do you or have you ever used any narcotic, hallucinogenic, marijuana, or any other drug?  Yes  No

If yes, give full details: \_\_\_\_\_

Have you ever received a traffic ticket?  Yes  No

If yes, by which agency: \_\_\_\_\_

Violation: \_\_\_\_\_ Disposition/Date: \_\_\_\_\_

**List any additional traffic tickets you've received:**

Agency: \_\_\_\_\_ Violation: \_\_\_\_\_ Disposition/Date: \_\_\_\_\_

Agency: \_\_\_\_\_ Violation: \_\_\_\_\_ Disposition/Date: \_\_\_\_\_

Agency: \_\_\_\_\_ Violation: \_\_\_\_\_ Disposition/Date: \_\_\_\_\_

**Availability:**

The Parking Services Office Aide and Lot Officer positions have flexible daytime hours, 8 am to 5 pm, Monday through Friday, and you must be able to work a minimum of 15 hours a week.

How many hours a week would you like to work during the day? \_\_\_\_\_

In the chart below, indicate with an X **all hours you are available** to work during the day.

Time	Mon	Tues	Wed	Thurs	Fri
8 - 9 am					
9 - 10 am					
10 - 11 am					
11 am - Noon					
Noon – 1 pm					
1 - 2 pm					
2 - 3 pm					
3 - 4 pm					
4 - 5 pm					

The probationary period for a position with the Department will be six months.

Do you understand that this is a professional, service-oriented agency, and that all legal policies and decisions must be faithfully carried out, even if you personally disagree with that policy or decision?

Yes  No

Do you understand that all situations in the office and on duty are considered confidential and are not yours to divulge or discuss outside the Department, and that the release or discussion of such materials will result in dismissal?

Yes  No

Do you understand that our operations are, at times, of a delicate nature and must be handled discretely?

Yes  No

I assert that I have personally completed this Application for Student Employment and that all of the above statements are true and complete to the best of my knowledge and belief. I understand that any willful falsification or omission will cause the rejection of my application or, if already employed, my immediate dismissal.

**Release of Criminal History Records Information:**

I hereby authorize the release of any criminal history information to the University of Northern Colorado Police Department and request that any person or agency cooperate fully with the Department in the investigation of my personal background. I do hereby release the University of Northern Colorado Police Department and any person or agency from any and all liability while completing this process and during the entire period of my employment with the Department.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*