

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

Can you type? Yes No Words per minute: _____

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 If yes, may we contact them? 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: _____

Use the space below to explain what you believe the function of a Parking Services Office Aide is, and why you desire the position. Include how you feel your presence will be an asset to the Department.

Availability:

The Parking Services Office Aide position has 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. The primary responsibilities include assisting with clerical and administrative tasks such as permit sales, citation file payments, phone and front counter reception, filing, and typing. A pleasant attitude, positive customer service skills, and confidentiality are strongly emphasized.

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