

STUDENT EMPLOYMENT APPLICATION

Check when you will be available:

Date of Application: _____

Summer Semester

Christmas Break

Fall Semester

Spring Semester

Department(s) for which you're applying:

Number your choice below by rating your 1st, 2nd and 3rd choices
Short job descriptions are available at the Service Center or online

www.unco.edu/facilities

Grounds

HVAC (Heating/Air Cond.)/Plumbing

Electrical

Paint / Carpentry / Locks

Building Automation

Custodial /Recycling

Warehouse / Mailroom

Office

Environmental Health & Safety

Motor Pool

Set-up / Tear-Down

NAME: _____ (LAST) (FIRST)	BEAR NUMBER: _____-_____-_____
E-MAIL ADDRESS (TO CONTACT YOU): _____	BIRTHDATE: ____/____/____
LOCAL (SCHOOL) ADDRESS: _____ (STREET) (APT #) (CITY) (STATE) (ZIP)	
LOCAL TELEPHONE: _____-_____-_____	ALT. TELEPHONE: _____-_____-_____
MAJOR: _____	TENTATIVE UNC GRADUATION DATE (MO/YR): ____/____
HAVE YOU WORKED FOR UNC BEFORE? _____	→ FOR WHOM AND DATE? _____
HAVE YOU BEEN CONVICTED OF A CRIME? _____ (ANSWERING "YES" WILL NOT NECESSARILY AFFECT YOUR ELIGIBILITY FOR EMPLOYMENT)	→ WHEN? _____
HAVE YOU BEEN FOUND RESPONSIBLE FOR A VIOLATION OF UNIVERSITY POLICY OR TITLE IX? _____	→ WHEN? _____
ARE YOU PART OF AN ONGOING TITLE IX / ADMINISTRATIVE INVESTIGATION? _____	
DO YOU HAVE A CURRENT DRIVER LICENSE? _____	→ _____ (State of Issue) (Driver License Number)
IS YOUR DRIVER LICENSE UNDER SUSPENSION, REVOCATION, OR RESTRICTION? _____ (ANSWERING "YES" WILL NOT NECESSARILY AFFECT YOUR ELIGIBILITY FOR EMPLOYMENT)	
_____ (NAME OF PARENT, GUARDIAN, SPOUSE, OR EMERGENCY CONTACT)	
_____ (ADDRESS) (CITY) (STATE) (ZIP) (PHONE)	

SUPERVISORS, if hiring please complete this section and return to Kim Arnold **Request for EPAF (electronic position authorization form)**

Work Study? Yes No How many credits is student currently taking? _____

International Student: Yes No

If yes, please send them to **HR** (They will do the I-9 Verification and EPAF). Return this form to Lexi Littrell

If no, Please have them contact Lexi.Littrell@unco.edu to schedule an appointment:

Hire Date: _____ hourly rate **if different than min wage** _____ Shop number: _____

SUPERVISOR SIGNATURE

DATE

PREVIOUS JOB EXPERIENCE

(BEGIN WITH YOUR MOST RECENT EMPLOYMENT)

EMPLOYER	CITY / STATE / TELEPHONE	SUPERVISOR	JOB DUTIES

PERSONAL / PROFESSIONAL REFERENCES

(PLEASE DO NOT LIST SUPERVISORS FROM THE ABOVE SECTION)

NAME	ADDRESS / CITY / STATE	TELEPHONE

PLEASE MARK AN "X" IN THE SPACES PROVIDED WHEN YOU CAN WORK.

PLEASE NOTE THAT TYPICAL FACILITIES MANAGEMENT SHOP HOURS ARE FROM 7AM TO 4PM, MONDAY THROUGH FRIDAY, AND FACILITIES MANAGEMENT OFFICE HOURS ARE FROM 7:30AM TO 5PM, MONDAY THROUGH FRIDAY.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7:00 – 7:30 AM					
7:30 – 8:00 AM					
8:00 – 9:00 AM					
9:00 – 10:00 AM					
10:00 – 11:00 AM					
11:00 – 12:00 NOON					
12:00 – 1:00 PM					
1:00 – 2:00 PM					
2:00 – 3:00 PM					
3:00 – 4:00 PM					
4:00 – 5:00 PM					

CHECK IF YOU ARE ABLE TO WORK 40 HOURS: DURING SUMMER [] DURING CHRISTMAS []

CHECK IF YOU ARE ABLE TO WORK: A NIGHT SHIFT [] WEEKENDS [] (NOTE: SET-UP / TEAR-DOWN CREWS MUST WORK BOTH EVENINGS AND WEEKENDS)

ADDITIONAL INFORMATION THAT WE SHOULD KNOW ABOUT YOU: _____

I understand that as a condition of employment, the Facilities Management personnel office may contact the Dean of Students to do a Student Conduct Check.

I assert that all of the responses on this application are complete and true to the best of my knowledge. I understand that falsification of any part of this application may result in my immediate dismissal, if hired.

(Signature of Applicant) Date