STUDENT EMPLOYMENT APPLICATION

Check when summer Seme	you will be available: ster [] Christmas Break [Date of Applica] Fall Semester []	ation: Spring Semester []	All []
Short jol	Department(s) for your choice below by descriptions are avail nco.edu/employment/je	able at the Servic	2 nd and 3 rd choice e Center or onlin	e at
[] Building Aut	HVAC (Heating/Air Cond.)/Pla comation [] Custodial /Re vironmental Health & Safety	ecycling [] Wareh	ouse / Mailroom [] Office
Name:	(FIRST)		BEAR NUMBER:	<u> </u>
E-MAIL ADDRESS (TO CONTAC	ст YOU):		BIRTHDATE: _	/
LOCAL (SCHOOL) ADDRESS:	(STREET) (APT#)			
LOCAL ELEPHONE:		ALT. I ELEPHONE:		
Major:	TENTATIVE U	NC GRADUATION DATE	(MO/YR):/	_
HAVE YOU WORKED FOR UN	IC BEFORE? N/Y → FOR WHO	OM AND DATE?		
	OF A CRIME? N/Y → WHEN?			
(Answering "YES" WILL	NOT NECESSARILY AFFECT YOUR ELIGIE	BILITY FOR EMPLOYMENT)		
HAVE YOU BEEN FOUND RES	SPONSIBLE FOR A VIOLATION OF	UNIVERSITY POLICY OR	TITLE IX? $N/Y \rightarrow WH$	EN?
ARE YOU PART OF AN ONGO	ING TITLE IX / ADMINISTRATIVE I	INVESTIGATION? N/Y		
DO YOU HAVE A CURRENT D	RIVER LICENSE? N / Y →	ate of Issue) (Driver	Licence Number	_
	NDER SUSPENSION, REVOCATION NOT NECESSARILY AFFECT YOUR ELIGIE	N, OR RESTRICTION? N	•	
(NAME OF PARENT, GUARDIAN,	Spouse, or Emergency Contac	т)		
(Address)	(CITY)	(STATE) (ZIP)	(PHONE)	
	CORS, if hiring please com Request for EPAF (electro			<u>ittrell</u>
Work Study? Yes No	How man	y credits is student currently	y taking?	_
International Student: Yes If yes, please send them to HR (T	No They will do the I-9 Verification and	EPAF). Return this form to	o Lexi Littrell	
If no, please have them contact	Lexi.Littrell@unco.edu to schedul	le an appointment:		
Hire Date:	hourly rate <u>if different than min wa</u>	age	Shop number:	

SUPERVISOR SIGNATURE PREVIOUS JOB EXPERIENCE

DATE

(BEGIN WITH YOUR MOST RECENT EMPLOYMENT)

EMPLOYER	CITY / STATE / TELEPHONE		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					

4:00 – 5:00 PM					
CHECK IF YOU ARE ABLE TO W	ORK 40 HOURS	: DURING SUMME	R[] DURING	CHRISTMAS[]	
CHECK IF YOU ARE ABLE TO W	ORK: A NIGHT	SHIFT[] WEEKEN		SET-UP / TEAR-D BOTH EVENINGS A	OOWN CREWS MUS
ADDITIONAL INFORMATION TH	AT WE SHOULD	KNOW ABOUT YOU	J:		,
I understand that as a condi Dean of Students to do a St	, ,	•	es Management	t personnel office	may contact the
I assert that all of the respor understand that falsification	•		•	_	_
(Signature of Applicant)		Date		Re	vised October 2, 202