



Department of Facilities Management

UNIVERSITY AIDE - EMPLOYMENT APPLICATION

Date of Application: _____

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 Service Center or online at Facilities Management website
www.unco.edu/facility

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☐ 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)

E-MAIL ADDRESS (THAT YOU USE MOST OFTEN): _____

SOCIAL SECURITY NUMBER: _____ BIRTHDATE: _____

ADDRESS: _____
(STREET) (APT #) (CITY) (STATE) (ZIP)

LOCAL TELEPHONE: _____ ALT. TELEPHONE: _____

HAVE YOU WORKED FOR AT UNC BEFORE? → FOR WHOM AND WHEN? _____

HAVE YOU BEEN CONVICTED OF A CRIME? → WHEN? _____
(ANSWERING "YES" WILL NOT NECESSARILY AFFECT YOUR ELIGIBILITY FOR EMPLOYMENT)

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 Toni Tassone **Request for UA CONTRACT TO HIRE**

Has Applicant worked at UNC before? Yes When? _____ No

Please send them to see Toni Tassone with the following documents: Drivers License, SS Card or birth certificate or passport and a voided check (Direct Deposit is a condition of employment)

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 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

Revised May 2017