



ST. CLOUD STATE UNIVERSITY

PUBLIC SAFETY DEPARTMENT
Application for Student Employment

Office Use Only
Date Received

Please complete all areas of this application prior to submitting it to Public Safety. This application will be used to determine the most suitable candidates for open Public Safety positions. You may attach additional information that you feel qualifies you for the position for which you are applying. Any attached information should supplement the application and not be in lieu of requested data.

Position Applying For (Check all that apply):

Patrol Officer: Office Staff: Dispatcher:

PERSONAL INFORMATION:

Last Name First Name Middle Name Date Of Birth

Sex: Female Male
(Please check one)

Local Address City State Zip Code Phone Number

Permanent Address City State Zip Code Phone Number

Tech Identification Number Driver's License Number State Issued
(REQUIRED FOR PATROL EMPLOYMENT)

Star ID Number: E-Mail Address:

STUDENT CLASSIFICATION (Check one):

Freshman: Sophomore: Junior: Senior:

Major Course of Study Minor Course of Study

-Do you have a work-study grant from the Financial Aid Department? Yes: No:

-What is your cumulative grade point average? (Minimum GPA of 2.25 Required)

-CPR Certification: Yes: No: First Aid: Yes: No:

-If yes, when is the expiration? If yes, when is the expiration?:

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COMPUTER EXPERIENCE (List your experience working with computers):

PAST WORK EXPERIENCE (Start with your current or most recent employer. You may include volunteer experience. Attach additional sheets if necessary):

1.) _____
Current or Most Recent Employer City State Zip Code

Your Position Supervisor Name/Position Supervisor Phone Number

Dates Employed

Reason for Leaving

2.) _____
Previous Employer City State Zip Code

Your Position Supervisor Name/Position Supervisor Phone Number

Dates Employed

Reason for Leaving

REFERENCES:

1.) _____
Name and Occupation Relationship to You Phone Number

2.) _____
Name and Occupation Relationship to You Phone Number

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Have you had any driving violations within the last five (5) years? Yes:_____ No:_____

If yes, describe violation(s) and date(s):

During the past five (5) years have you ever been arrested or served a sentence in jail or prison or been convicted of a misdemeanor or felony for which a jail sentence could have been imposed? You may answer “no” if the conviction or criminal records have been annulled, sealed, set aside or purged, or if you have been pardoned pursuant to law.

Yes:_____ No:_____

If yes, please attach a separate sheet with an explanation. Information concerning this question will not be used to automatically bar you from employment but may be used to direct your interest to areas less related to the area of your conviction.

JOB REQUIREMENTS:

- 1.) The Public Safety Department is staffed at all times. Employees must be able to endure eight hour shift assignments and/or special event assignments on varying shift schedules.
- 2.) Employees must be able to perform routine physical activities including walking, climbing, responding in fast, safe and secure manner to emergency situations, walking on slippery surfaces, continuously bend/stoop, crouch, kneel, balance, push/pull, occasionally squat, crawl, climb, reach above shoulder level, use both feet for repetitive movements, use hands for grasping and fine manipulating, talk and listen using a standard telephone, talk and listen using a two-way radio, ability to speak English loudly and clearly, work and/or drive any job related vehicle in all types of weather conditions, ability to ride a bicycle, ability to defend against aggressive/combatative individuals, ability to identify smoke and common hazardous materials by sense of smell, occasionally carry and lift forty to fifty pounds (“dead weight”) and to lift and/or drag up to a person’s body weight during times of emergency and/or need.

Are you able to perform the functions listed above? Yes:_____ No:_____

If no, why:

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By my signature below, I understand the following:

I understand that before I can be employed by the Public Safety Department, I must:

- 1.) Get a driver's license check done by any county administrator and submit it to the Public Safety Department Administration.
- 2.) Allow the Public Safety Department Administration to fingerprint me and have a criminal background check done regarding my application by the Minnesota Bureau of Criminal Apprehension/Federal Bureau of Investigations.
- 3.) I understand that if I am not currently certified in CPR and First Aid, the Public Safety Department will provide me with the proper training to be certified.
- 4.) I understand that any false answer, statement or non-compliance made by me in this application or other required documents may result in denial of employment or termination of employment.

I certify that my answers contained in this application are true and correct to the best of my knowledge.

Please ensure you have completed this application fully and signed the bottom of this page. Applications will be ranked in order to determine the most qualified candidates for open positions. If completing this application online, a typed signature in the field below indicates you have signed the application.

Signature of Applicant

Date of Application

