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THE UNIVERSITY OF ARIZONA POLICE DEPARTMENT STUDENT EMPLOYMENT APPLICATION

Please read all instructions carefully and complete all sections of the application accurately. Please see Supplemental questions on last page.

Attention applicant: It is your responsibility to provide sufficient information on this application to indicate that you meet the minimum qualifications for the job for which you wish to be considered. In compliance with the Americans Disabilities Act (ADA), the University of Arizona will provide, if requested, reasonable accommodation to applicants in need of accommodation in order to provide access to the application, interviewing and selection process.

APPLICANT INFORMATION

Date: _____

Name: _____
Last First MI

Address: _____
Number and Street City State Zip

Email: _____

Telephone: (____) _____ (Contact Phone/Cell) (____) _____ (other)

EDUCATION

Name of High School: _____

Location of High School: _____
City and State

High School Diploma: _____ GED: _____

PROFESSIONAL LICENSES/CERTIFICATES

Type of License	License Number	Expiration Date and State	Granted by: (Licensing Board)

POST SECONDARY EDUCATION

Institution: _____ Type of Degree/Certificate earned: _____

Location: _____ Credit Hours/Units earned: _____

Major fields of study: _____

Other relevant subjects studied: _____

Institution: _____ Type of Degree/Certificate earned: _____

Location: _____ Credit Hours/Units earned: _____

Major fields of study: _____

Other relevant subjects studied: _____

PROFESSIONAL REFERENCES

Please list up to three (3) current references who are familiar with your work-related abilities and background.

Do not list relatives

Name: _____ Professional relationship: _____

Address: _____
Number and Street City State Zip

Telephone: (____) _____ ext. _____ Email: _____

Name: _____ Professional relationship: _____

Address: _____
Number and Street City State Zip

Telephone: (____) _____ ext. _____ Email: _____

Name: _____ Professional relationship: _____

Address: _____
Number and Street City State Zip

Telephone: (____) _____ ext. _____ Email: _____

ADDITIONAL INFORMATION: Please list any additional acquired skills, knowledge or experience you would like considered in assessing your qualifications for the position(s) you will be applying for (such as volunteer work, vocational training, computer courses, software programming, office skills, foreign language skills, keyboarding skills/speed, research skills, computer skills, etc.)

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SUPPLEMENTAL QUESTIONS

Where did you first learn about this Position?
Enter the specific name of any referral source:
When would you be available to begin working as a CSO? (e.g. summer or fall/spring semester)
Are you at least 18 years of age and legally authorized to work in the United States?
Do you/will you have possession of a current Arizona Type D driver license upon employment?
Can you perform the essential functions (job duties) of this position with or without accommodations?
What is your current employment status with the University of Arizona?
If you are a current, former, or retired UA employee and were issued an EMPLID please enter your number in the space to the right. You EMPLID can be found by logging into UAccess Employee and viewing your paycheck. Please do not enter hyphens in the in the EMPLID field. Please note, your EMPLID is not your Social Security Number.

AGREEMENT

I hereby certify that all information is true and complete to the best of my knowledge. I understand that employment in certain positions may be conditional upon a review of criminal records. I authorize the University of Arizona to request and obtain records to determine the accuracy of my responses. I agree to abide by all applicable University and Arizona Board of Regents rules, regulations and policies upon my acceptance of employment with the University. The over-time policy of the University of Arizona for nonexempt staff employees is to provide, at its discretion, either one and one half hours compensatory time off or additional pay at one and one half times the employee's regular rate of pay for each hour worked over forty hours in a workweek. The compensatory time off may be preserved, used and cashed out as provided by the Fair Labor Standards Act. I understand and agree to accept the above overtime policy as a condition of any employee, director, administrator or agent of any of them acting within the course and scope of his/her employment. I understand that any material misrepresentation or omission on this application may be grounds for rejection of my application or termination of any subsequent employment with the University. Thank your interest in applying for employment with the University of Arizona.

BY SIGNING BELOW, I certify that I have read and agree with these statements

X _____