

**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 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choices**  
**Short job descriptions are available at the Service Center or online**  
[www.unco.edu/facilities](http://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: \_\_\_\_\_ BEAR NUMBER: \_\_\_\_\_  
 (LAST) (FIRST)

E-MAIL ADDRESS (TO CONTACT YOU): \_\_\_\_\_

LOCAL (SCHOOL) ADDRESS: \_\_\_\_\_  
 (STREET) (APT #) (CITY) (STATE) (ZIP)

LOCAL TELEPHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ALT. TELEPHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

MAJOR: \_\_\_\_\_

HAVE YOU WORKED FOR UNC BEFORE? → FOR WHOM AND DATE? \_\_\_\_\_

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 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 Toni Tassone**

**If no, Please have them contact [kimberley.arnold@unco.edu](mailto:kimberley.arnold@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