



College Safety Department Employment Application

PLEASE PRINT

Name _____ Today's Date _____

Address _____ City _____ State _____ Zip _____

Phone Number(s) () () *Date of Birth ____/____/____ Sex: ____ M ____ F

*Social Security Number - - Drivers License Number _____ State _____

Have you ever been convicted of any crime other than a minor traffic violation? _____

If so, Explain: _____

Previous Security/Law Enforcement Experience ____ No ____ Yes Company _____

Military Service ____ No ____ Yes Branch _____ Type of Discharge _____

Student Status: ____ FT ____ PT ____ N/A Major: _____

Students must attach copy of class schedule
FWS applicants are required to take six (6) credit hours per Fall/Spring semester.

Day(s) and Shift(s) Primarily Available:

	SAT	SUN	MON	TUE	WED	THU	FRI
First Shift Between (6 A.M. - 3 P.M.)							
Second Shift Between (2 P.M. - 11 P.M.)							
Third Shift Between (10 P.M. - 7 A.M.)							

Special Events: The College Safety Department (CSD) is required to support events sponsored by the College, departments within the College, and/or off-campus activities sponsored at the College. Be advised, that should you accept employment with CSD, you will be required to take part in working these events outside your normal scheduled hours. The rate of pay may vary between events.

****Please continue to other side and complete all information****

Office Use Only

Int. Date w/ Shift Supervisor: _____ Separation Date: _____

Int. Date w/ Director CS: _____ Reason for separation: _____

Comments: _____

Start/Hire Date: _____ Uniform Return: _____

Uniform Issue: _____ Equipment Return: _____

Equipment Issue: _____ Comments: _____

EDUCATION: CHECK HIGHEST GRADE COMPLETEDHigh School: 9 10 11 12 H.S Graduate? Yes No GED? Yes No

College or University Name and Location	Credit Hours		Major	Degree	Year
	Sem	Qtr			

EMPLOYMENT HISTORY: List your employment history (including military experience) beginning with your current or last position within the last ten years.

Employer Name and Address		Phone	From:	To:
Job Title	Supervisor Name	Reason for Leaving		
Employer Name and Address		Phone	From:	To:
Job Title	Supervisor Name	Reason for Leaving		
Employer Name and Address		Phone	From:	To:
Job Title	Supervisor Name	Reason for Leaving		
Employer Name and Address		Phone	From:	To:
Job Title	Supervisor Name	Reason for Leaving		

REFERENCES: Please list the names and telephone numbers of three professional references (co-workers, customers, and/or supervisors other than those listed above).

Name	Relationship	Years Known	Phone Number

APPLICATION ACKNOWLEDGMENT

I hereby authorize Maricopa Community Colleges District to investigate my background, references, employment record and other matters related to my suitability for employment. This may include a criminal background check and a check on my driving record. *Social security number and date of birth required for these investigations. I also authorize my former employers or any third party to disclose to MCCD all reports and other information related to my suitability for employment, personal or otherwise, without giving me prior notice of such disclosure. I hereby release MCCD, former employers, and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

- I understand that employment into a driving position is dependent upon a safe driving record.
- I understand that employment into a short term or temporary position may be terminated without cause at any time.
- I understand that falsification or omission of facts is sufficient cause for dismissal if an applicant is hired, regardless of the date of discovery.
- I understand that applicants could be fingerprinted.
- My signature below asserts that all information given in this application is true, and acknowledges my understanding and agreement with all material and conditions as stated.

Applicant Signature_____
Date