



Rochester Community and Technical College Campus Safety Application for Student Employment




Print legibly in blue or black ink. Incomplete applications will not be processed.

Position Applied For:	<input type="radio"/> Officer	<input type="radio"/> Secretary	Date: _____	
Applicant's Name:	Last	First	Middle	
Birth Date:	____/____/____ MM DD YYYY	Driver's License #:	____ State	
Local Address:	Number Street	City	State	Zip
Permanent Address:	Number Street	City	State	Zip
Phone #:	() -	Best Time To Call:	: AM/PM To : AM/PM	
Student ID #:		Email:		

Have you ever been employed at RCTC? If yes, please specify. _____	<input type="radio"/> Yes	<input type="radio"/> No
Have you ever filed an application with us before? If yes, give date ____/____/____. MM DD YYYY	<input type="radio"/> Yes	<input type="radio"/> No
Are you a citizen of the United States or a legal resident of the United States in possession of a valid alien registration card?	<input type="radio"/> Yes	<input type="radio"/> No
Do any of your friends or relatives work here?	<input type="radio"/> Yes	<input type="radio"/> No
Have you ever been convicted in this state or elsewhere of a crime or offense that is a misdemeanor, gross misdemeanor, or felony? If yes, please specify with date and charge. _____ _____	<input type="radio"/> Yes	<input type="radio"/> No
Are there any criminal charges pending against you in any court in this state or elsewhere?	<input type="radio"/> Yes	<input type="radio"/> No
Has any license or permit issued to you in Minnesota or elsewhere ever been revoked, suspended, or denied? If yes, please specify. _____	<input type="radio"/> Yes	<input type="radio"/> No
Have you ever been fired or asked to resign in lieu of being fired from a job? If yes, please specify. _____ _____	<input type="radio"/> Yes	<input type="radio"/> No
Are you currently employed?	<input type="radio"/> Yes	<input type="radio"/> No
May we contact your present employer?	<input type="radio"/> Yes	<input type="radio"/> No

Education

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
College				
Other (Specify)				

Describe any specialized training, apprenticeship, skills, awards, or extracurricular activities.

Employment History

Start with your present or last job. Please enter the complete record of your occupation during the last five years. You may copy this page and attach as many sheets as needed.

1.	Employer		Work Performed
	Address		
	Telephone #(s)	Dates of Employment (From – To)	
	Job Title	Supervisor	
	Reason for Leaving		
2.	Employer		Work Performed
	Address		
	Telephone #(s)	Dates of Employment (From – To)	
	Job Title	Supervisor	
	Reason for Leaving		
3.	Employer		Work Performed
	Address		
	Telephone #(s)	Dates of Employment (From – To)	
	Job Title	Supervisor	
	Reason for Leaving		
4.	Employer		Work Performed
	Address		
	Telephone #(s)	Dates of Employment (From – To)	
	Job Title	Supervisor	
	Reason for Leaving		

Additional Information

Other Qualifications. (Summarize special job-related skills and qualifications acquired from employment or other experience.)

State any additional information you feel may be helpful to us in considering your application.

References

1.	Name	Phone # () -
	Address	Relationship
2.	Name	Phone # () -
	Address	Relationship
3.	Name	Phone # () -
	Address	Relationship

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in

arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature

Date