

**University of San Francisco – Department of Public Safety  
Student Employment Application**

**DATE OF APPLICATION:** \_\_\_\_\_ **CW ID#** \_\_\_\_\_

The University of San Francisco is an equal opportunity institution of higher education dedicated to affirmative action and work force diversity.

As a matter of policy, the University, does not discriminate in employment, educational services and academic programs on the basis of an individual's race, color, religion, religious creed, ancestry, national origin, age (except minors), sex, sexual orientation, marital status, medical conditions (cancer-related) and disability, and otherwise as required or permitted by law the University reasonably accommodates qualified individuals with disabilities under the law.

In compliance with the Immigration Reform and Control Act of 1986, the University of San Francisco is required to verify employment eligibility for all applicants upon hire.

The University of San Francisco values honesty in all phases of the employment process. Therefore, please complete the following:

- Answer all questions completely
- Type or print in black ink
- Resumes and availability should be submitted in addition to applications

**PERSONAL INFORMATION**

NAME (LAST)	FIRST	MIDDLE
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PRESENT ADDRESS	CITY, STATE, ZIP CODE	CONTACT PHONE NUMBER
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IN CASE OF EMERGENCY, CALL NAME	PHONE NUMBER
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ADDRESS OF EMERGENCY CONTACT	RELATION
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Can you upon employment provide verification of your employment eligibility in the United States?  
YES      NO

Are you over the age of 18?      YES      NO

Have you ever been convicted of a felony?      YES      NO  
If "YES" describe in full including disposition (conviction of record will not disqualify you from the job applied for). \_\_\_\_\_

**POSITION APPLYING FOR:** \_\_\_\_\_

<b>WORK HISTORY</b>
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**EMPLOYMENT HISTORY: PLEASE LIST MOST RECENT EXPERIENCE FIRST. THIS MAY ALSO INCLUDE VOLUNTEER POSITIONS THAT ARE RELEVANT TO THE POSITION.**

EMPLOYER	COMPANY ADDRESS	START/END DATE
INITIAL POSITION TITLE	FINAL POSITION TITLE	START/END SALARY
TYPE OF BUSINESS	SUPERVISOR'S NAME	PHONE NUMBER

DUTIES OF POSITION

**MAY WE CONTACT THIS EMPLOYER?**      YES    NO

WHAT DID YOU LIKE MOST ABOUT THIS POSITION LISTED ABOVE?

EMPLOYER	COMPANY ADDRESS	START/END DATE
INITIAL POSITION TITLE	FINAL POSITION TITLE	START/END SALARY
TYPE OF BUSINESS	SUPERVISOR'S NAME	PHONE NUMBER

DUTIES OF POSITION

**MAY WE CONTACT THIS EMPLOYER?**      YES    NO

WHAT DID YOU LIKE ABOUT THIS POSITION LISTED ABOVE?

<b>WORK HISTORY CONTINUE</b>
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EMPLOYER	COMPANY ADDRESS	START/END DATE
INITIAL POSITION TITLE	FINAL POSITION TITLE	START/END SALARY
TYPE OF BUSINESS	SUPERVISOR'S NAME	PHONE NUMBER

DUTIES OF POSITION

**MAY WE CONTACT THIS EMPLOYER?**      **YES**    **NO**

WHAT DID YOU LIKE MOST ABOUT THIS POSITION LISTED ABOVE?

EMPLOYER	COMPANY ADDRESS	START/END DATE
INITIAL POSITION TITLE	FINAL POSITION TITLE	START/END SALARY
TYPE OF BUSINESS	SUPERVISOR'S NAME	PHONE NUMBER

DUTIES OF POSITION

**MAY WE CONTACT THIS EMPLOYER?**      **YES**    **NO**

WHAT DID YOU LIKE ABOUT THIS POSITION LISTED ABOVE?

<b>TRAINING AND EDUCATION</b>
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PLEASE LIST ANY SIGNIFICANT TRAINING YOU HAVE HAD, THAT IS RELEVANT TO THE POSITION YOU ARE APPLYING FOR, SUCH AS CUSTOMER SERVICE OR COMPUTER TRAINING.

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LIST HIGH SCHOOL(S), VOCATIONAL OR TRAINING SCHOOL(S), AND UNIVERSITIES ATTENDED. LIST DATES ATTENDED AND DEGREE(S) OR DIPLOMA(S) AWARDED.

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LIST ACADEMIC HONORS, AWARDS, CERTIFICATES, SCHOLARSHIPS, ETC, WHICH YOU CONSIDER SIGNIFICANT AND RELEVANT TO EMPLOYMENT AT THE DEPARTMENT OF PUBLIC SAFETY.

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DESCRIBE KNOWLEDGE, SKILLS, AND ABILITIES THAT PARTICULARLY QUALIFY FOR THIS POSITION.

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DO YOU HAVE A VALID DRIVER'S LICENSE?    YES    NO    STATE\_\_\_\_\_

IF OFFERED THE POSITION, ARE YOU AVAILABLE FOR EVENING AND WEEKEND SHIFTS?

YES        NO

IF OFFERED THE POSITION, ARE YOU ABLE TO ATTEND REGULAR SCHEDULE STAFF MEETINGS AND TRAINING SESSIONS IF GIVEN PROPER ADVANCE NOTICE?

YES        NO

<b>DPS PRE-EMPLOYEE INFORMATION SHEET</b>
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**NAME (LAST, FIRST, MIDDLE)**


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**ACADEMIC MAJOR**


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**POSITION(S) APPLYING FOR**


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**SALARY DESIRED**


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**CAMPUS WIDE ID#**


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**CONTACT NUMER(S)**


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**MAILING ADDRESS (STREET, APT, CITY, STATE, ZIP CODE)**


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**PERMANENT ADDRESS (STREET, APT, CITY, STATE, ZIP CODE)**


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**EMERGENCY CONTACT NAME**


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**PHONE**

DO YOU HAVE ALLERGIES TO MEDICATIONS OR FOOD?  
IF "YES," WHICH ONES \_\_\_\_\_

YES

NO

DO YOU CURRENTLY HAVE FEDERAL WORK STUDY?

YES

NO

DO YOU CURRENTLY HAVE USF WORKS?

YES

NO

HAVE YOU PREVIOUSLY WORKED ON THE USF CAMPUS?  
IF "YES," PLEASE EXPLAIN \_\_\_\_\_

YES

NO

ARE YOU ABLE TO LIFT HEAVY OBJECTS, WALK LONG  
DISTANCES AND HANDLE EMERGENCY SITUATIONS?

YES

NO

ARE YOU ABLE TO COMMIT TO OUR DEPARTMENT FOR  
ONE ACADEMIC YEAR?

YES

NO

ARE YOU ABLE TO ATTEND REGULAR STUDENT STAFF  
MEETINGS AND TRAINING SESSIONS WITH PROPER  
ADVANCE NOTICE?

YES

NO

ARE YOU ABLE TO ASSIST WITH SPECIAL CAMPUS  
EVENTS, SUCH AS GRADUATION AND BASKETBALL  
GAMES?

YES

NO

ARE YOU WILLING TO ASSIST THE USF COMMUNITY  
AND PERSONS ASSOCIATED WHOLE-HEARTEDLY?

YES

NO

<b>DPS PRE-EMPLOYEE INFORMATION SHEET CONTINUE</b>
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IF YOU ARE OFFERED THE POSITION, ARE YOU  
ABLE TO TAKE A PROACTIVE AND RESOURCEFUL  
APPROACH FOR DAY TO DAY PROBLEMS  
THAT ARISE ON THE JOB?

YES

NO

WHEN CALLING INTO WORK ILL, DO YOU BELIEVE  
YOU SHOULD DO EVERYTHING POSSIBLE TO FIND  
SOMEONE TO COVER YOUR SHIFT AND GIVE YOUR  
SUPERVISOR 24-HOUR ADVANCE NOTICE?

YES

NO

DO YOU BELIEVE ALL EMPLOYEES SHOULD BE  
COMMUNICATIVE, HONEST AND RELIABLE?

YES

NO

I, \_\_\_\_\_ certify that all the above information is correct to  
my full knowledge and that any falsification of this form may be cause for dismissal if I am  
employed.

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**APPLICANT'S SIGNATURE**

**DATE**