Central Lakes College
Safety and Security Department

Application for Student Employment

PLEASE COMPLETE EACH ITEM

Office Use Only
Date Received

_____

Last Name First Name Middle Name

Sex: Female Male
(Please Circle One)

_____

Address City State Zip Code Phone Number
(REQUIRED)

_____ _____

Student Identification Number Driver License Number State Issued

E-Mail Address: _____@netmail.clcmn.edu

Student Classification (Check One): First year_____ Second year_____

_____

Course of Study

Do you have a workstudy grant from the financial aid department? Yes_____ No____

What is your cumulative grade point average?_____**(Minimum GPA of 2.25 required)**

CPR CERTIFICATION: Yes_____ No____ First Aid: Yes____ No____

If yes, what is the Expiration_____ If yes, what is the Expiration_____

Computer Experience: _____

_____

Submission of application does not guarantee an interview.

Central Lakes College is an affirmative action/equal opportunity educator and employer.
Upon request this document will be made available in large print or audio tape.
TTY: (218) 855-8224 Brainerd, Minnesota

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PAST WORK EXPERIENCE:

1. _____

Company Name and Address City State Zip Code

_____ _____

Supervisor Name Phone Number

2. _____

Company Name and Address City State Zip Code

_____ _____

Supervisor Name Phone Number

REFERENCES:

1. _____

Name Street Address City/State Zip Code Phone

2. _____

Name Street Address City/State Zip Code Phone

3. _____

Name Street Address City/State Zip Code Phone

Do you have any current health conditions, that you are aware of, that could prevent you from completing the duties of a Safety and Security Officer? Yes___ No____

Have you had any driving violations within the last five (5) years? Yes____ No_____

If yes, state violation(s) and date(s): _____

_____

_____

During the past five years have you been arrested or served a sentence in jail or prison or been convicted of a misdemeanor or felony for which a jail sentence could have been imposed? You may answer "no" if the conviction or criminal records have been annulled, sealed, set aside or purged, or if you have been pardoned pursuant to law. Yes____No_____

If yes, please attach a separate sheet with an explanation. *Information concerning this question will not be used to automatically bar you from employment but may be used to direct your interest to areas less relating to the area of your conviction.*

I understand that before I can be employed by the Safety and Security Department, I must (1) get a driver's license check done by any county administrator and submit it to the Director of Safety and Security and (2) allow the Safety and Security Department to contact my references regarding my application.

I understand that by signing this application for employment is factual to the best of my knowledge and that any false answer, statement or non-compliance made by me in this application or other required documents will result in denial of employment or termination of employment.

_____

Signature of Applicant Date of Application

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Please write a short essay about why you would like to work for the Safety and Security Department. Please use the form that is provided and typing is not necessary.

Signature_____

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