Central Lakes College
Safety and Security Department
Application for Student Employment

**PLEASE COMPLETE EACH ITEM**

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<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
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Sex:  Female  Male  
(Please Circle One)

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<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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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.

________________________________________________________________________
________________________________________________________________________
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Signature______________________________________