



# UNC Greensboro Police Department

1200 West Gate City Blvd., Greensboro, NC 27403  
(336)334-5963 police.uncg.edu



## Student Support Services Employment Application

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Full Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last, First, Middle Initial) (MM/DD/YYYY)

Local Address: \_\_\_\_\_  
(Room No., Residence Hall if on Campus) (City) (State) (Zip)

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(City) (State) (Zip)

Home Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Enrollment Date at UNCG: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_ Area of Study: \_\_\_\_\_

Current GPA: \_\_\_\_\_ Current Credit Hours Enrolled: \_\_\_\_\_

**This job opportunity is only offered to current UNCG students in good standing with the University**

Will you be enrolled at UNCG during the period you're seeking employment? Yes No

Why do you want to work with the University Police Student Support Services?

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Do you have any interest in police work after you graduate? Yes No

If so, please specify. \_\_\_\_\_

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If you answer "Yes" to any of the following questions, please explain on a separate sheet of paper.

Have you ever been arrested, indicated, or convicted of violation of any law, other than minor traffic violations? Yes    No

Have you ever been convicted of any traffic violations? Yes    No

Have you ever been reprimanded, placed on probation, or suspended by the UNCG Student Affairs Office or Resident Life Office? Yes    No

Do you currently have a valid driver's license? Yes    No

If so, please provide the number and expiration date. \_\_\_\_\_  
(Issuing State, Number, Expiration Date)

Have you ever been employed by the UNCG Police Department? Yes    No

If so, please provide the year and reason for leaving.

**All applicants will be screened for criminal history and traffic violations. Failure to adhere to the UNCG Police Department Student Support Services Policies and Procedures may result in termination of employment.**

*I certify that to the best of my knowledge, the above statements are correct and complete. If I am offered and accept a position with the UNCG Police Support Services, I understand that I am to fulfill to the best of my abilities the responsibilities placed upon me by my employer. I also understand that I will be placed on thirty-day probation at the beginning of my employment. I further understand that my employer has the right to terminate my employment without prior notice or reason during this period. As an employee, I am to provide two weeks' notice before leaving my position. I further understand that I will be financially responsible for any equipment that I misplace or break through misuse.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

*All employees are required to complete an I-9 form at the Student Employment Office, Rm. 1 EUC, and notify UNCG PD of any changes in address or phone number.*

**Previous Employers:**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Position held: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact the employer listed above as a reference? Yes      No

\_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Position held: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact the employer listed above as a reference? Yes      No

\_\_\_\_\_

**References:**

Name

Phone Number

\_\_\_\_\_

\_\_\_\_\_

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