



Applicant Last Name: \_\_\_\_\_

Date Received: \_\_\_\_\_

**STUDENT EMPLOYMENT APPLICATION**      Date of Application: \_\_\_\_\_

## **MISSION STATEMENT**

*Our purpose is to serve and protect the students, faculty, staff and visitors of Ferris State University. To further the academic pursuits of FSU in two ways: actually keeping people and property safe and in helping to create an environment where people feel completely safe.*

## **GENERAL INSTRUCTIONS**

We are pleased you are interested in a position with the Ferris State University Department of Public Safety. Ferris State University is an equal opportunity institution. For information on the University's Policy on Non-Discrimination, visit [www.ferris.edu/non-discrimination](http://www.ferris.edu/non-discrimination).

Anyone with a disability who needs special accommodations to complete this paperwork should contact the Department of Public Safety office at (231) 591-5000 or by sending an e-mail to [dispatch@ferris.edu](mailto:dispatch@ferris.edu).

Before completing this application, please read the following instructions:

- Type or handprint (in black ink) an answer to every question. If a question does not apply to you, mark N/A. Applications must be legible for full consideration.
- Provide accurate and complete information.
- It is *your* responsibility to notify the department of any changes of mailing address, email address or phone number.
- If space provided is insufficient, attach a separate page and reference the additional information to the section title and question.
- The Ferris State University Department of Public Safety will verify conviction record, driving records, places of employment and other information listed on this application.
- If you are unclear on how to respond to any of these questions, it is your responsibility to inquire by contacting our office at 231-591-5000 for information or clarification.
- Please attach a class schedule, and if possible, the next semesters class schedule to your application.

**Please be sure this document is complete before turning in your application. Students may turn in their application in-person, by fax or email. Information has been provided in the left footer below.**

## PERSONAL INFORMATION

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:	
LOCAL ADDRESS:		CITY:		STATE:	ZIP CODE:
HOME ADDRESS:		CITY:		STATE:	ZIP CODE:
CELL PHONE:			EMAIL ADDRESS:		
NAME AND PHONE OF PERSON TO BE CONTACTED IN CASE OF EMERGENCY:					
DATE OF BIRTH:	STUDENT ID NUMBER:	DRIVERS LICENSE NUMBER:	STATE ID IS ISSUED:		
PROGRAM STUDYING:			CLASS STANDING (FRESH, SOPH, JUN, SEN, GRAD):		

Position(s) sought: <i>(check all that apply)</i>	Dispatcher <input type="checkbox"/> Service Officer <input type="checkbox"/>
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Are you eligible for Work Study?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hours many hours are you interested in working each week?	
Are you available nights, weekends, and semester breaks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you referred to us?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, by whom?

## CRIMINAL HISTORY / BACKGROUND INFORMATION

Have you ever been sanctioned or disciplined by the FSU Office of Student Conduct?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been involved in a civil court case?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any misdemeanor/felony convictions (including deferred cases), arrests or pending charges?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been disciplined, dismissed or asked to resign from a previous employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes to any, please explain the incident(s), including the dates of incident(s), jurisdiction and agencies involved, and the disposition of incident(s).	

## **EMPLOYMENT HISTORY / EXPERIENCE**

EMPLOYER:		NAME/PHONE NUMBER OF SUPERVISOR:
TITLE OR DUTIES:		
START DATE:	END DATE:	REASON FOR LEAVING:

EMPLOYER:		NAME/PHONE NUMBER OF SUPERVISOR:
TITLE OR DUTIES:		
START DATE:	END DATE:	REASON FOR LEAVING:

EMPLOYER:		NAME/PHONE NUMBER OF SUPERVISOR:
TITLE OR DUTIES:		
START DATE:	END DATE:	REASON FOR LEAVING:

EMPLOYER:		NAME/PHONE NUMBER OF SUPERVISOR:
TITLE OR DUTIES:		
START DATE:	END DATE:	REASON FOR LEAVING:

## **ADDITIONAL LICENSES/CERTIFICATES/QUALIFICIATIONS**

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## ESSAY QUESTION

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**Instructions:** You may use the space provided in the box below and/or attach a separate sheet. The essay should be single spaced, Times New Roman, 12 font and no longer than 500 words.

*Collaboration, Diversity, Ethical Community, Excellence, Learning, And Opportunity*

**Part One:** Based on your knowledge of Ferris State University and the Department of Public Safety, briefly describe why you are applying at FSUDPS. **Part Two:** Choose one of the University Core Values that you most strongly identify with and describe what this core value means to you based on your experiences.

## APPLICATION CERTIFICATION STATEMENT

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By submitting this application, I certify that all statements and answers on this application are truthful, complete and accurate to the best of my knowledge. I understand the falsification of my answers could result in being disqualified from becoming a student employee and I may be referred to the FSU Office of Student Conduct. My signature below authorizes Ferris State University Department of Public Safety to perform a complete background check, which includes, but is not limited to: criminal history, driving record, previous employment verification, and University records.

\_\_\_\_\_

Print

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

# FERRIS STATE UNIVERSITY

## DEPARTMENT OF PUBLIC SAFETY

### AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

TO WHOM IT MAY CONCERN:

I am an applicant for a position with the Ferris State University Department of Public Safety (FSU DPS). The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the FSU DPS bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do authorize the review of and full disclosure of all records, or any part thereof, concerning myself by and to any duly authorized agent of the FSU DPS, whether said records are a public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the FSU DPS to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work, record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigative files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of any organization, including its officers, employees, or related personnel, both individually and or associates because of compliance with this authorization and request to release information, or any attempt to comply regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if your refuse to disclose the information requested.

For and in consideration of the FSU DPS's acceptance and processing of my application for employment, I agree to hold any organization, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the FSU DPS. I may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the FSU DPS in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of \_\_\_\_\_ (DAYS) from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses including reasonable attorney's fee, arising out of or by reason of complying with this request.

_____	_____	_____	_____
Print Name	DOB	SSN	
_____	_____	_____	_____
Street Address	City	State	Zip Code
_____	_____		
Signature	Date		