

MTSU Dept. of Public Safety

Student Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Local Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone No: _____ Email: _____

Social Security No: _____ Driver's License: _____ State: _____

Apply for Student Dispatch Apply for Student Patrol

Date of Birth: _____ How did you learn of this position: _____

MTSU ID (M#): _____ Current GPA: _____

Have you ever been convicted of a crime other than minor traffic violations? YES NO Are you a citizen of the United States? YES NO

If yes, explain: _____

Education

Undergraduate Graduate Major: _____ Minor: _____

Graduation Date: _____ Total Hours Earned: _____ Full-Time Student Part-Time Student

Extra-Curricular Activities: _____

References

Please list two professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

_____ Job Title: _____

Job Duties: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

_____ Job Title: _____

Job Duties: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Police Experience

Department: _____ From: _____ To: _____

City / State: _____ Position / Rank: _____

Description of Duties: _____

Disclaimer and Signature

Falsified information and deliberate misstatements or omissions may disqualify you from further considerations for employment and may be considered justification for dismissal if discovered at a later date, regardless of the nature or reason for the misstatements/omissions.

You agree to waive any right of privilege, privacy, and/or confidentiality you may have in the information provided by references or others whom you have indicated may be contacted.

Signature: _____ Date: _____