

EMU Department of Public Safety
Student Employment Application
SEEUS Application

Full name:_____

Date of Birth: ____/____/____

Home Address:_____

Home Phone:(_____)_____ - _____

Cell Phone: (_____)_____ - _____

City_____

Student #: E_____

State:_____ Zip:_____

U.S. Citizen: Yes_____ No _____

Campus Address:_____

Visa: Yes_____ No _____

Email Address:_____

Driver's License Number:_____

Employment History

Previous Employer	Type of Work	Dates Employed	Reason for Leaving
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Have you ever worked on campus? Yes__No____

If yes, list type of work_____ Department:_____

Relevant Experience:

Have you ever been convicted of a felony or misdemeanor or are there any felony charges against you pending disposition? Yes_____ No_____ If yes, give date(s) and nature of act(s) and disposition.

The information contained here is true to the best of my knowledge and belief. I realize that any falsification of this application constitutes grounds for rejection or dismissal. In this correct, I authorize all previous employers to provide EMU to verify any information concerning my employment. I further authorize EMU to verify any other information I have provided on this application.

Signature

Date

Please indicate shifts that you are available to work on the revise side. Thank You!

Availability

Please place an “X” in the time slots you are available to work.

*SEEUES runs until till 1:00am Fridays and Saturdays.

	Sunday	Monday	Tuesday	Wednesday	Thursday	*Friday	*Saturday
5:00pm-10:00pm							
5:00pm-10:45pm							
8:00pm-1:00am							
Van Shift* 10:00pm-3:00am							

*must have a license to train for van

Please attach a resume with your application.



DEPARTMENT OF PUBLIC SAFETY