

## **PUBLIC SAFETY STUDENT POSITION REQUIREMENTS**

1. Must be enrolled at ISU for at least six (6) credits and have at least two (2) semesters remaining at ISU; otherwise must be a full-time student for the duration of employment.
2. Maintain a minimum 2.0 GPA.
3. Background check required.
4. Expected to work assigned hours (at least 20 per week).
5. Must be available for, and successfully complete, a 40-hour course of instruction. A date will be announced later.
6. Four (4) month probationary period and evaluation process.
7. Rate of pay is established by the ISU Administration.



## EXPERIENCE

List below all jobs you have held in the last five (5) years and explain your reason for leaving.

1. \_\_\_\_\_  
Employer Name/Address/Phone# \_\_\_\_\_ Position \_\_\_\_\_  
\_\_\_\_\_  
Dates of Service/Reason for leaving \_\_\_\_\_
2. \_\_\_\_\_  
Employer Name/Address/Phone# \_\_\_\_\_ Position \_\_\_\_\_  
\_\_\_\_\_  
Dates of Service/Reason for leaving \_\_\_\_\_
3. \_\_\_\_\_  
Employer Name/Address/Phone# \_\_\_\_\_ Position \_\_\_\_\_  
\_\_\_\_\_  
Dates of Service/Reason for Leaving \_\_\_\_\_

If you have ever been discharged for cause, and feel that mitigating circumstances justify an explanation on your part, please explain the nature of the discharge and the mitigating circumstances.

Where employed \_\_\_\_\_ Your Position \_\_\_\_\_

Reason for discharge \_\_\_\_\_

Your explanation and comments \_\_\_\_\_  
\_\_\_\_\_



**ISU PUBLIC SAFETY  
PRE-EMPLOYMENT APPLICANT INFORMATION**

An investigation will be conducted of all information listed on this pre-employment sheet.

Write in the white areas only. If any of the following need further explanation or entry space, please use a separate sheet of paper.

	<b>Last</b>		<b>First</b>		<b>Middle</b>	
<b>Name in full</b>						
<b>Other Names you have used:</b>	<b>Maiden</b>		<b>Aliases /Former Names</b>		<b>Nickname</b>	
<b>Date of Birth</b>	<b>Month</b>		<b>Day</b>		<b>Year</b>	
<b>Place of Birth</b>	<b>City</b>		<b>State</b>		<b>Sex</b>	<b>M or F</b>
<b>Social Security Number</b>						
<b>Driver's License Number</b>	<b>Current?</b>	<b>Yes or No</b>	<b>Driver's License #</b>		<b>Expiration Date</b>	
	<b>What State?</b>					
<b>What other states have you held a driver's license?</b>						
<b>Residences past 15 years</b>	<b>City</b>	<b>State</b>	<b>Dates</b>	<b>City</b>	<b>State</b>	<b>Dates</b>
	1.			3.		
	2.			4.		
<b>List any time you were convicted of any violation including traffic, but excluding parking.</b>	<b>Date</b>	<b>Place</b>	<b>Dept</b>	<b>Charge</b>	<b>Result</b>	
	1.					
	2.					
	3.					
	4.					

Are you aware of any information about yourself which might tend to reflect unfavorably on your reputation, morals, character or ability as a prospective employee of Idaho State University?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes and you would like to explain, use a separate sheet of paper.

- I hereby certify that the facts set forth in the pre-employment application are true and correct to the best of my knowledge. I understand that if I falsify statements on the pre-employment application, I may not be considered for employment.
- I hereby authorize any authorized representative of Idaho State University bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit or educational records including, but not limited to, academic, achievement, attendance, athletic, personal history and disciplinary records, medical records and credit records. I hereby direct you to release such information upon request of the bearer.
- This release is executed with full knowledge and understanding that the information is for the official use of Idaho State University. I hereby release you, as the custodian of such records, and any school, college, university or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or related business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my Social Security account number on a voluntary basis with the understanding such is not required by federal status or regulation. Should there be any questions as to the validity of this release, you may contact me as indicated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date