

Student Employment Application

UIC Police Department
University of Illinois at Chicago

The filing of this application and the acceptance thereof does not indicate that there are positions open, and it in no way obligates the Board of Trustees of the University of Illinois, or any institutions or agency served by it. The information contained herein together with all attached papers, references, etc., is the property of the University.

The University of Illinois at Chicago is an affirmative action/equal opportunity employer. No question on this application or any other information is asked for the purpose of limiting or excluding any application for consideration.

University Identification Number

Social Security Number

Last Name

First Name

MI

Home Address

City

State

Zip

Telephone Number

Alternate Telephone Number

UIC Email Address

Position Applying For: **Student Patrol** **Office Aide**

Office Aides: Participate in a variety of activities such as clerical and administrative duties, data entry and analysis, training, and special projects. Work schedule is during normal business hours.

Student Patrol: Employees patrol the campus, reporting any security issues or safety hazards, perform on-campus escorts, and assist with opening and locking the campus. Operation is 6:30 a.m. -11:00 p.m. Indicate the schedule you would prefer to work although the hours you are assigned will probably vary. All Student Patrol must work at least two shifts per week. Place a checkmark in the boxes that correspond to the shifts you are available to work.

2nd Shift: 6:30 AM to 10:30 AM / 10:30 AM to 2:30 PM

3rd Shift: 3:00 PM to 7:00 PM / 7:00 PM to 11:00 PM

	Monday	Tuesday	Wednesday	Thursday	Friday
2nd					
3rd					

Are you under 16 years of age? No Yes

Are you a UIC student? No Yes If no, where? _____

Are you now employed by UIC? No Yes If yes, where? _____

Does the University employ any of your relatives? No Yes If yes, describe in full: _____

Have you ever been convicted of a crime? _____ No _____ Yes If yes, describe in full:

Federal Work Study (FWS) Program: We are currently encouraging all student applicants to apply for this program.

The primary purpose of the Federal Work Study Program is to provide part-time employment opportunities to students who have financial need. Federal Work Study is part of a student's financial aid package. To be considered for the Federal Work Study Program, students must file for financial aid each academic year and request Federal Work Study, which is awarded based on their financial need. Students must work in order to utilize the Federal Work Study award. Contact the Office of Student Financial Aid (312-996-3126) regarding eligibility Information. (This program is not available for summer employment only during the Fall and Spring semesters).

Do you have FWS? _____ No _____ Yes

Skills and Abilities

Type-wpm: _____ Type of Software: _____

List any languages that you can speak proficiently: _____ Read proficiently: _____

Other: _____

Education

List your education accurately and completely. List all colleges/ universities attended.

School	Location	From (MM/YY)	To (MM/YY)	Graduated? (Yes or No)	Degree (Credit Hrs.)	Major

Employment Record

Firm Name _____ Dates of Employment: from _____ to _____

Address _____ Full Time _____ Part Time _____

City, State _____

Phone Number _____ Supervisor _____

Name used while employed here _____ Title _____

List and describe your duties and responsibilities:

Reason for leaving or seeking other positions:

Firm Name _____ Dates of Employment: from _____ to _____

Address _____ Full Time _____ Part Time _____

City, State _____

Phone Number _____ Supervisor _____

Name used while employed here _____ Title _____

List and describe your duties and responsibilities:

Reason for leaving or seeking other positions:

The information I have provided by completing this application is complete and accurate. I understand that the information I have provided will be used for a background and criminal history check. I hereby give permission to the University of Illinois at Chicago Police Department to conduct such checks and utilize the information obtained for the purpose mentioned. I understand that this permission allows the University Police to contact any personal references and/or past employers and relatives listed in this application. If any information herein is found to be false, I understand that I will be disqualified or terminated immediately.

Signature: _____ Date: _____

The University of Illinois at Chicago Police Department

Authorization to Release Information and Waiver

I, _____, an applicant for a position with the University of Illinois at Chicago Police Department (hereinafter "UICPD"), understands that the UICPD needs to thoroughly investigate my personal and employment histories to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment histories be disclosed to the UICPD.

NOTE TO EMPLOYERS: 745 ILCS 46/10 ENTITLED "No liability for providing truthful information" states:

"Any employer or authorized employee or agent acting on behalf of an employer who, upon inquiry by a prospective employer, provides truthful written or verbal information, or information that it believes in good faith is truthful, about a current or former employee's job performance is presumed to be acting in good faith and is immune from civil liability for the disclosure and the consequences of the disclosure. The presumption of good faith established in this Section may be rebutted by preponderance of the evidence that the information disclosed was knowingly false or in violation of a civil right of the employee or former employee."

I do hereby authorize any representative of UICPD bearing this release to obtain any information in your files pertaining to my employment records and direct you to release such information upon request of the bearer. I also authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the UICPD, whether said records are public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. **THIS AUTHORIZATION IS NOT TO INCLUDE ANY MEDICALLY RELATED HISTORY OR WORKER'S COMPENSATION ACT OR WORKER'S OCCUPATIONAL DISEASES ACT CLAIMS.**

I reiterate and emphasize that the specific 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 UICPD to consider in determining my suitability for employment.

I consent to your release of any and all public and private information that you may have concerning me for the following:

- Employment and pre-employment information, including, but not limited to, background reports and efficiency/performance ratings, attendance records, but excluding information relating to medical conditions and medical history (unless a conditional offer of employment has been made)
- Any internal affairs investigations and discipline, including any files deemed to be confidential, and/or sealed complaints or grievances filed by or against me
- The records or recollections of attorneys at law, or other counsel, whether representing me or any other person in any case, either criminal or civil, in which I presently have, or have had an interest, excluding any medical malpractice or worker's compensation claims
- Personal background and reputation
- Military service records
- Educational records
- Financial and/or credit records including loans, commercial or retail credit agencies (including credit reports and/or ratings)
- Any and all records maintained by any criminal justice or correctional agency including incident reports, arrest records, traffic citations, and criminal history information
- Any information contained in investigatory files

I hereby release you, as the custodian of such records, your organization, 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 to release information or any attempt to comply with it. I direct you to release such information upon request of the duly authorized representative of

the UICPD regardless of any agreement I may have previously made to the contrary. For and in consideration of the UICPD acceptance and processing of my employment application, I agree to hold the organization, its agents and employees harmless from any and all claims and liability associated with my employment application or in any way connected with the decision whether or not to employ me with UICPD, including any liability or damage pursuant to any state or federal laws.

I understand that should information of a serious criminal nature surface as a result of this investigation, such information 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, which regard access of and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the UICPD in conjunction with employment procedures.

I also understand that by signing this release, I specifically waive any written notice to me of the disclosure of any disciplinary report, letter of reprimand, or other disciplinary action as requires by the Illinois Personnel Record Review Act- 820 ILCS 40/7.

A photocopy/FAX copy of this release will be valid as an original thereof, even though said photocopy/FAX copy does not contain an original writing of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed below.

I further understand that I waive any right or opportunity to read or review any and all information provided in the background investigation report prepared by UICPD or its attachments and that all information and documents provided by the UICPD become the property of the UICPD and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents/employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or reason of complying, or any attempt to comply with this request.

By signing below, I certify that I have had adequate time to review this entire form and have read and clearly understand its purpose.

Signature: _____ Date: _____

Address: _____

Phone: _____ Alternate Phone: _____

Date of Birth: _____ Social Security Number: _____

Witness: _____ Date: _____