

Applicant Name:

\_\_\_\_\_

Banner Number:

\_\_\_\_\_

**OFFICE USE ONLY:**

DATE RECEIVED: \_\_\_\_\_ INITIAL: \_\_\_\_\_

BACKGROUND CHECK:

GPA CHECK:

**BUFFALO STATE COLLEGE  
UNIVERSITY POLICE DEPARTMENT  
UNIVERSITY POLICE STUDENT ASSISTANT (UPSA) PROGRAM**

1300 ELMWOOD AVE CHASE HALL RM. 119  
BUFFALO, NEW YORK 14222

**IMPORTANT APPLICATION NOTE:** THE BUFFALO STATE COLLEGE UNIVERSITY POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER. QUALIFIED APPLICANTS ARE CONSIDERED FOR A UNIVERSITY POLICE STUDENT ASSISTANT POSITION WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, MARITAL OR VETERAN STATUS, AGE, OR DISABILITY. THE APPLICATION FORM IS INTENDED FOR USE IN EVALUATING YOUR QUALIFICATIONS FOR EMPLOYMENT. THIS IS NOT AN EMPLOYMENT CONTRACT. COMPLETION OF THIS APPLICATION IS IN NO WAY A GUARANTEE OF AN INTERVIEW OR AN OFFER OF EMPLOYMENT. PLEASE ANSWER ALL QUESTIONS THAT FOLLOW COMPLETELY AND ACCURATELY. FALSE OR MISLEADING STATEMENTS ON THIS FORM, OR DURING AN INTERVIEW IF YOU ARE GRANTED THE OPPORTUNITY, ARE GROUNDS FOR TERMINATION OF THE APPLICATION PROCESS OR, IF DISCOVERED AFTER EMPLOYMENT, TERMINATION OF EMPLOYMENT.

**EMPLOYMENT ELIGIBILITY CRITERIA**

(PLEASE READ BEFORE CONTINUING TO THE BACK)

1. YOU **MUST** BE PRESENTLY ENROLLED AT BUFFALO STATE COLLEGE AND HAVE A MINIMUM 2.75 GRADE POINT AVERAGE (GPA).
2. YOU **MUST** BE AT LEAST A SECOND SEMESTER BUFFALO STATE COLLEGE STUDENT WITH AN ESTABLISHED GRADE POINT AVERAGE (GPA).
3. YOU **MUST** BE ABLE TO MAKE A COMMITMENT TO THE POSITION FOR A FULL ACADEMIC YEAR.
4. YOU **MUST** BE ABLE TO ATTEND ALL ASPECTS OF OUR TRAINING PROGRAM.
5. YOU **MUST** BE WILLING TO WORK NIGHTS AND WEEKENDS; INCLUDING ROTATIONAL SHIFTS IF NECESSARY.
6. YOU **MUST** BE ABLE TO WORK A MINIMUM OF 10-15 HOURS PER WEEK.
7. THE APPLICATION REQUIRES A **PROFESSIONAL REFERENCE LETTER** AND A **RESUME** TO BE ATTACHED IN ORDER FOR THE APPLICATION TO BE ACCEPTED.

# APPLICATION FOR EMPLOYMENT

(PLEASE TYPE OR PRINT IN BLACK INK)

(ALL AREAS MUST BE COMPLETED IN ORDER FOR THE APPLICATION TO BE PROCESSED)

## PERSONAL INFORMATION:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ BANNER NUMBER: \_\_\_\_\_

CLASS STANDING: FRESHMEN SOPHOMORE JUNIOR SENIOR GRADUATE GRADE POINT AVERAGE (CUMULATIVE): \_\_\_\_\_

ARE YOU CURRENTLY ENROLLED AT A SUNY SCHOOL? YES NO ANTICIPATED GRADUATION: \_\_\_\_\_

LOCAL PHONE NUMBER: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ EMAIL (MOST OFTEN CHECKED): \_\_\_\_\_

DO YOU HAVE A VALID DRIVERS LICENSE? YES NO HAVE YOU HAD IT FOR MORE THAN 6 MONTHS? YES NO

ARE YOU CURRENTLY CPR CERTIFIED: YES NO WHEN WERE YOU CERTIFIED LAST? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO IF YES, EXPLAIN: \_\_\_\_\_

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## MAILING INFORMATION:

LOCAL (OFF CAMPUS) MAILING ADDRESS:

STREET: \_\_\_\_\_

APT #/FLOOR: \_\_\_\_\_

OR

ON CAMPUS ADDRESS:

BUILDING: \_\_\_\_\_

CITY AND STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

RM # AND LETTER: \_\_\_\_\_

AND

PERMENANT MAILING ADDRESS:

STREET: \_\_\_\_\_

APT #/FLOOR: \_\_\_\_\_

CITY AND STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

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## WORK EXPERIENCE:

PUT YOUR MOST RECENT EMPLOYMENT INFORMATION IN THIS SECTION. THIS INFORMATION SHOULD ALSO BE ON YOUR ATTACHED RESUME. IF NONE, INDICATE N/A

EMPLOYER: \_\_\_\_\_ JOB DESCRIPTION: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ STATE/CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON/REFRENC: \_\_\_\_\_ PHONE NUMBER: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

EMPLOYMENT DATES: \_\_\_\_\_ TO \_\_\_\_\_ REASON FOR LEAVING (IF ANY): \_\_\_\_\_

TO THE BEST OF MY KNOWLEDGE, ALL OF THE ABOVE INFORMATION IS CORRECT AND ACCURATE. I HEREBY GIVE MY PERMISSION FOR THE REGISTRAR TO RELEASE MY GRADE POINT AVERAGE FOR THE PURPOSE OF VERIFYING THIS APPLICATION. I FURTHER GIVE MY PERMISSION TO THE UNIVERSITY POLICE AND THE UNIVERSITY POLICE STUDENT ASSISTANT (UPSA) PROGRAM TO INTERVIEW, AT THEIR DISCRETION, INDIVIDUALS WHO COULD PROVIDE ADDITIONAL CHARACTER REFERENCES. BY SIGNING THIS APPLICATION, I GIVE THE UNIVERSITY POLICE DEPARTMENT PERMISSION TO VERIFY THE VALIDITY OF MY DRIVER'S LICENSE AND DRIVING RECORD, AND TO INVESTIGATE ANY INTERACTIONS WITH THE STUDENT CONDUCT BOARD OR UNIVERSITY POLICE DEPARTMENT.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

UNIVERSITY POLICE STUDENT ASSISTANT (UPSA) PROGRAM