UNIVERSITY POLICE DEPARTMENT STATE UNIVERSITY OF NEW YORK AT NEW PALTZ 1 HAWK DRIVE NEW PALTZ, NY 12561 (845) 257-2222 OFFICE (845) 257-3334 FAX

APPLICATION FOR UNIVERSITY POLICE STUDENT ASSISTANT

DATE:	SEMES	STER:	DOB:		-
NAME: LAST		FIRST		M.I.	_
	S:				
PHONE:		EMAIL:			
COLLEGE GPA: _					
LEVEL: I	Freshman	Sophomore	Junior	Senior	
ARE YOU CURRI	ENTLY A REGIST	ERED STUDENT	AT SUNY NE	W PALTZ?	
		YES _	NO		
DO YOU HAVE A	VALID NEW YO	RK STATE DRIVE	R'S LICENSE	? (Drivers Li	icense Preferred)
		YES _	NO		
HAVE YOU EVER	R BEEN ARRESTI	ED? YES	NO		
If yes, provide det	ails.				
	IENCE REFERE N CAMPUS INC	ENCES FROM PE	REVIOUS EN	MPLOYMEN	Г
Date	Title	Employ	er S	upervisor	Phone

ALL INFORMATION ON FORM IS STRICTLY CONFIDENTIAL AND WILL BE USED FOR PURPOSE OF EMPLOYMENT ONLY

LICENSE RECORD CHECK

DATE:			
NAME:			
HOME ADDRESS	S:		
DATE OF BIRTH	:		
CAMPUS ADDRI	ESS:		
DRIVER'S LICEN	NSE#:		
CLASS:	STATE:	EXPIRATION DATE:	
CONVICTIONS:			
RESTRICTIONS:			
ACCIDENTS:			