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**PLEASE RETURN ALL COMPLETE FORMS TO:**

**Special Constable Alicia Poole**

Community Liaison Officer

Campus Safety Services

203 Robertson Hall

1125 Colonel By Drive, Ottawa

Tel: 613-520-2600 ext. 1594

alicia.poole@carleton.ca

**PLEASE ATTACH A RESUME AND COVER LETTER TO THIS FORM WHEN SUBMITTING YOUR APPLICATION**

**STUDENT SAFETY PATROL APPLICATION CHECKLIST:**

* SSP Application (6 Pages)
* Cover Letter and Resume
* Copies of Certifications/Certificates (if applicable)
* Copies of Reference Letters (if applicable)
* Copy of Ontario Security Guard Licence (if applicable)

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| --- | --- | --- | --- |
| 1. **Personal Information** | | | |
| **Last Name** | **Given Name(s)** | | **Preferred Name(s)** |
| **Complete Address (Including Number, Street, Apt., Lot, Concessions or Rural Route #)** | | | |
| **City or Town** | **Province** | | **Postal Code** |
| **Primary Phone Number**  **( )** | | **Alternate Phone Number**  ( ) | |
| **Student Number** | **Major** | | **Academic Year** |

**Please Indicate ‘Yes’ or ‘No’, providing additional information where requested:**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| **Are you at least 18 years of age?** |  |  |
| **Are you eligible to work in Canada?** |  |  |
| **Do you possess a valid CPR certificate? \***  *(If yes, please provide expiry date)* |  |  |
| **Do you possess a valid First Aid certificate? \***  *(If yes, please provide expiry date)* |  |  |
| **Do you possess a valid Ontario Security Guard License? \***  *(If yes, please provide expiry date)* |  |  |
| **Have you ever been convicted of any criminal offense for which a pardon has not been granted?**  *(This includes any fine, period of imprisonment, or period of probation offered by the court)* |  |  |
| **Will you be enrolled as a full time student for the 2019-2020 academic year?** |  |  |

***\*Please note any item indicated with an asterisk is not a requirement upon hiring.***

|  |  |
| --- | --- |
| 1. **Education** | |
| **College Attended** | |
| **Program Name** | **Number of Years Attended** |
| **Diplomas, Licenses and Certificates Received** | |
|  | |
| **University Attended** | |
| **Program Name or Major** | **Number of Years Attended** |
|  | |
| **Other Relevant Courses, Seminars, Training, Certificates, or Degrees**  *(Please attach additional sheets if needed)* | |

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| 1. **Employment** | |
| * *Beginning with your present or most recent employer and continuing in reverse chronological order, list and describe every position you have held since your first employment experience.* * *If you held two or more roles with the same employer, please list and describe each position separately. Please include any military, part-time and summer employment.* * *You may attach additional sheets as required.* | |
| **Present or Previous Employer** | |
| **Telephone Number** | **Date of Employment**  **From: To:** |
| **Complete Mailing Address** | |
| **Name of Supervisor** | **Your Position Title** |
| **Brief Description of Duties** | |
| **Reason for Leaving** | |
|  | |
| **Present or Previous Employer** | |
| **Telephone Number** | **Date of Employment**  **From: To:** |
| **Complete Mailing Address** | |
| **Name of Supervisor** | **Your Position Title** |
| **Brief Description of Duties** | |
| **Reason for Leaving** | |
|  | |
| **Present or Previous Employer** | |
| **Telephone Number** | **Date of Employment**  **From: To:** |
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| **Name of Supervisor** | **Your Position Title** |
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|  |  |
| --- | --- |
| **Present or Previous Employer** | |
| **Telephone Number** | **Date of Employment**  **From: To:** |
| **Complete Mailing Address** | |
| **Name of Supervisor** | **Your Position Title** |
| **Brief Description of Duties** | |
| **Reason for Leaving** | |
| 1. **References** | |
| *The SSP hiring process requires you to provide three (3) references, at least two of which are professional references.* | |
| **Name** | |
| **Relationship** | **Contact Number** |
| **Name** | |
| **Relationship** | **Contact Number** |
| **Name** | |
| **Relationship** | **Contact Number** |

***Declaration:*** *I hereby declare that the foregoing information is true and complete to the best of my knowledge. I understand that a false statement or omission may disqualify me from further consideration for employment or result in dismissal, should I be appointed as a member of the Campus Safety Services. It is understood and accepted that I am involved in a competitive process and may be declined at any stage of this process.*

*Applicant Signature Date*