#### PLEASE RETURN ALL COMPLETE FORMS TO:



### **Staff Sergeant Travis Robidoux**

Community Safety Coordinator Campus Safety Services 203 Robertson Hall 1125 Colonel By Drive, Ottawa Tel: 613-520-2600 ext. 1594 Travis.robidoux@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)           |
| П | Conv of Ontario Security Guard Licence (if applicable |

| 1. Personal Information     |                 |                        |               |                      |
|-----------------------------|-----------------|------------------------|---------------|----------------------|
| Last Name                   | Given Name(s)   |                        |               | Preferred Name(s)    |
| Complete Address (Including | Number, Street, | , Apt., Lo             | ot, Concessio | ns 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 in at least one (1) courses in a degree program (full-time status) for the 2021-2022 academic year? |     |    |
| status, for the 2021 2022 academic year:   |     |    |

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

| 2. Education                                      |                          |
|---|--------------------------|
| College Attended                                  |                          |
|   |                          |
|   |                          |
| Dragram Nama                                      | Number of Years Attended |
| Program Name                                      | Number of fears Attended |
|   |                          |
|   |                          |
|   |                          |
| Diplomas, Licenses and Certificates Received      |                          |
|   |                          |
|   |                          |
|   |                          |
|   |                          |
| University Attended                               |                          |
| omiterately recented                              |                          |
|   |                          |
| Dua sua sa Nasa a sa Maria s                      | North and Warrant and    |
| Program Name or Major                             | Number of Years Attended |
|   |                          |
|   |                          |
|   |                          |
|   |                          |
| Other Relevant Courses, Seminars, Training, Certi | ificates, or Degrees     |
| (Please attach additional sheets if needed)       |                          |
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## 3. 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   |                              |  |
|  |                              |  |
| Duccount ou Duccious Franciscou                                |                              |  |
| Present or Previous Employer                                   |                              |  |
| Present or Previous Employer                                   |                              |  |
|  | Date of Employment           |  |
| Telephone Number   | Date of Employment From: To: |  |
|  | Date of Employment From: To: |  |
| Telephone Number  Complete Mailing Address                     | From: To:                    |  |
| Telephone Number   |                              |  |
| Telephone Number  Complete Mailing Address  Name of Supervisor | From: To:                    |  |
| Telephone Number  Complete Mailing Address                     | From: To:                    |  |
| Telephone Number  Complete Mailing Address  Name of Supervisor | From: To:                    |  |
| Telephone Number  Complete Mailing Address  Name of Supervisor | From: To:                    |  |
| Telephone Number  Complete Mailing Address  Name of Supervisor | From: To:                    |  |
| Telephone Number  Complete Mailing Address  Name of Supervisor | From: To:                    |  |

| Present or Previous Employer |                     |     |
|------------------------------|---------------------|-----|
|                              |                     |     |
|                              |                     |     |
| Telephone Number             | Date of Employment  | _   |
| Complete Meiling Address     | From:               | То: |
| 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  |     |
| receptione realise.          | From:               | То: |
| Complete Mailing Address     | L                   |     |
|                              |                     |     |
| Name of Supervisor           | Your Position Title |     |
| Brief Description of Duties  |                     |     |
| 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                                  |  |
| 4. References                                       |  |
| The SSP hiring process requires you to provide t    | three (3) references, at least two of which are professional   |
| references.   |  |
| Name  |  |
| Relationship  | Contact Number   |
| Name  |  |
| Relationship  | Contact Number   |
| Name  |  |
| Relationship  | Contact Number   |
| understand that a false statement or omission may o | rmation is true and complete to the best of my knowledge. I<br>disqualify me from further consideration for employment or result in<br>Campus Safety Services. It is understood and accepted that I am<br>ed at any stage of this process. |
| Applicant Signature                                 | Date   |