**PLEASE RETURN ALL COMPLETE FORMS TO:**

**Staff Sergeant Brittany Basten**

Community Safety Coordinator

Campus Safety Services

203 Robertson Hall

1125 Colonel By Drive, Ottawa

Tel: 613-520-2600 ext. 1594

brittany.basten@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 in at least 1 course per semester in a degree program for the 2023-2024 academic year?** |  |  |

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

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

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| 1. **Employment**
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| * *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:** |
| **Complete Mailing Address** |
| **Name of Supervisor** | **Your Position Title** |
| **Brief Description of Duties** |
| **Reason for Leaving** |
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| **Telephone Number** | **Date of Employment****From: To:** |
| **Complete Mailing Address** |
| **Name of Supervisor** | **Your Position Title** |
| **Brief Description of Duties** |
| **Reason for Leaving** |

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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**
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| *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*