



Please complete all forms and return it to:

Acting SSP Program Coordinator

S/Cst Brittany Basten

Department of University Safety

Room 203, Robertson Hall

1125 Colonel By Drive

Ottawa, ON K1S 5B7

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**PLEASE ATTACH A RESUME AND COVER LETTER TO THIS
FORM WHEN APPLYING.**

STUDENT SAFETY PATROL APPLICATION (Checklist)

- SSP Application
 - Part 1: Personal Information
 - Part 2: Education
 - Part 3: Employment
 - Part 4: Reference information
- Cover letter and Resume
- Copies of Certificates (if applicable)
- Copies of Reference letters (if applicable)
- Copy of Ontario Security Guard Licence (if applicable)

1. Personal Information

Last Name	Given Name (1)	Given Name (2)	
Complete Address (including Number, Street, Apt. #, Lot, Concessions, Rural Route #)			
City or Town	Province	Postal Code	
Primary Phone Number ()	Secondary Phone Number ()		
Student Number	Major	Academic Year	
		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) (Not required for employment)			
Do you possess a valid First Aid Certificate? (If yes, please provide expiry date) (Not required for employment)			
Do you possess a valid Ontario Security Guard licence? (If yes, please provide expiry date) (Not required for employment)			
Have you ever been convicted of any criminal offence for which a pardon has not been granted or issued? (This means any fine, period of imprisonment, or period of probation offered by the court)			

2. Education (Please attach additional sheets as required)	
College Attended	
Program Name	Number of years attended
Specify Licence, Certificate or Diploma received	
University Attended	
Major Area of Study	Number of years attended
Other relevant Courses, Workshops, Seminars, Training, Certificates or Degrees	
(Attach additional sheets if required)	

3. Employment

Beginning with your present or previous employer and continuing in reverse time order, list and describe every position you have held since the beginning of your work experience. If you have held two or more positions with the same employer, list and describe each position separately. Include military, part-time and summer employment.
(Please attach additional sheets as required)

Present or Previous Employer

Telephone Number

Date of Employment

From:

To:

Complete Mailing Address

Supervisor Name

Your Position Title

Brief Descriptions of Duties

Reason for leaving

Present or Previous Employer

Telephone Number

Date of Employment

From:

To:

Complete Mailing Address

Supervisor Name

Your Position Title

Brief Descriptions of Duties

Reason for leaving

Present or Previous Employer	
Telephone Number	Date of Employment From: _____ To: _____
Complete Mailing Address	
Supervisor Name	Your Position Title
Brief Descriptions of Duties	
Reason for leaving	
Present or Previous Employer	
Telephone Number	Date of Employment From: _____ To: _____
Complete Mailing Address	
Supervisor Name	Your Position Title
Brief Descriptions of Duties	
Reason for leaving	

Present or Previous Employer	
Telephone Number	Date of Employment From: _____ To: _____
Complete Mailing Address	
Supervisor Name	Your Position Title
Brief Descriptions of Duties	
Reason for leaving	

4. References

We require three (3) references.

Name:

Relation:

Contact number:

Name:

Relation:

Contact number:

Name:

Relation:

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 Department of University Safety. It is understood and accepted that I am involved in a competitive process and that I may be declined at any stage of the process.

Applicants Signature

Date