

CAMPUS PUBLIC SAFETY Student Employment Application

Name	(Last, First, Middle	V #	Date of	f Application
Mailin	g Address		Date Availa	able for Worl
City, State, Zip Code			Email	
Phone	e Number	_	FrSoph	JrSr
Term	Applying for: Fall Winter Spring	g Summer		
What	hours are you unable to work and why?_			
Refer	ences: Please list three persons not relat	ted to you		
	<u>Name</u>	<u>Address</u>	<u>F</u>	Phone
1.				
Pleas	e list past work experience (a resume and	d cover letter are required	d):	
1.				
2.				
3.				
σ.				
4.				

I understand that the Campus Public Safety Office is a 24 hour and seven day a week program. I'm willing to work weekends, holidays, nights, and all shifts when I'm not in school/class: ☐ Yes ☐ No
If no, explain:
I understand that if I'm hired, the department will schedule me to work based on agency needs . Except for my school schedule the department may not consider outside personal interests that conflict with department scheduling needs. I am willing to work within these employment conditions: □ Yes □ No
If no, explain:
I understand that this is a job like any other employment and I'm willing to be scheduled between school breaks unless I've received approval from my supervisor for time off: □ Yes □ No
If no, explain:
Do you have a criminal history, felony or arrest record, that may show up in a background check? If yes, please explain:
Are you willing to work on short notice, call back or be on call? ☐ Yes ☐ No
Are you willing to work hours between 12 midnight and 8 a.m. during the week, weekends and holidays?
□ Yes □ No If no, explain:
Student Applicant Signature Date
Rev.061515
CPS use only:



Student Staff Position

Section 1: Position Information

Class Number: 110

Working Title: Campus Public Safety Student Staff

Effective Date: June 9, 2015

Effective pay:Minimum Wage

Section 2: Position Information

- Campus Public Safety employs full-time WOU students, in good judicial and academic standing, with a minimum cumulative and term GPA of 2.00.
- Student employees are required to complete an application packet.
- Student employees will be hired based on skills, ability, values, ethics, compatibility, and willingness to fit into department scheduling.
- Student employees retain no rights to employment and may be terminated at the discretion of the department or supervisor.
- Student employees will be expected to perform their duties in a professional manner consistent with established policies and procedures. Students not performing up to established standards may be dismissed.
- Initiative, service and a professional attitude are expected at all times.
- Campus Public Safety will utilize student employees in parking enforcement and the communications desk.
- Student employees must be willing to work weekends, nights, holidays, breaks, including Christmas and Spring breaks. This may include split shifts and early morning shifts so the department can work around school schedules.
- Schedules may change frequently. They will be used in support functions during short notices, special events, weekends, and evenings. (Schedules will change and are not fixed.)
- Excessive time-off requests by a student and/or their inability to work on short notice to assist with coverage will be grounds for termination or not continuing a student into the next term employment cycle.
- Student employees will not work alone on a shift and will only provide assistance to the on duty officer as a back
 up. Student employees will not be used as first responders and are not to respond to first aid, medical or crime
 incidents without a full time officer.

- Student employees must complete a written training curriculum within a reasonable period of time and perform all functions in a reasonable manner. Students unable to complete the training curriculum will not be qualified to be an employee of Campus Public Safety department.
- There is a zero tolerance for insubordination towards department members, staff, or supervisors.
- Student employees are expected to be examples, obey all laws, university procedure, not frequent or participate
 in activities off duty that will compromise ethics or place the student employee in a conflict when carrying out
 duties. This includes frequenting parties where alcohol is served and students are under age and/or illegal
 drugs may be/are present.
- Staff employed by the Campus Public Safety Department are expected to be model citizens and engage in no activities on or off duty that will or may compromise the integrity of the Department.

•	Failure to do so will result in disciplinary action up to and including immediate termination.			

Student Signature	

WESTERN OREGON UNIVERSITY DRIVERS AUTHORIZATION PLEASE FILL OUT COMPLETELY AND CLEARLY

In connection with the campus Vehicle Use Policy approved by the President's staff, and to receive approval to drive a state motor pool vehicle, please provide the following information.

•	, 1	8				
Ch	eck One: FACULTY	STAFF	STUDENT	VOLUNTEER	OUTSIDE AGENCY	
1.	Last Name		First Name		M.I	
2.	OSU or WOU ID No	OSU or WOU ID NoOperator's Date of Birth				
3.	Driver's License No		Expiration Date	Sta	ate of Issue	
4.	Work phone #		E-Mail			
5.	Authorizing Departmen	t or Agency	Campus Public Safety			
6.	Department/Agency Ad	dressW(OU			
7.	Driver/Dept Informatio	n Contact Person_	Crystal Contreras	<u>s</u> 1	Phone#8-8481	
9. 10.	Van Safety Training Course Completed? YesNo** <u>X</u> **IF NO, you can NOT transport students in any size van for Western Oregon University or check out a 12-passenger van from Oregon State University. (if completed please provide a copy with this form) Golf Cart/Utility Vehicle Course Completed? YesNo**_X_ **IF NO, you can NOT drive a golf cart or utility vehicle for Western Oregon University (if completed please provide a copy with this form)					
OR	CULTY AND STAFF ARE REGON UNIVERSITY WI ODITIONAL INFORMAT	LL CHECK DRIVI	NG RECORD ON AN A	NNUAL BASIS.	S BELOW ARE MET. WESTERN	
11.	Date Authorized from_		Date Author	ized to	(Up to one year only)	
12. Project Leader/Supervisor/AdvisorPhone #					none #	
As sta I a:	 Be 18 years or older Hold a valid and cur Have NO major traf duties of a driver, drawn suspension of drivir Have NO more than Have NO careless drawn of the driver, I certify that I ndards at ANY time during 	rrent driver license fic offense within triving while susper g privileges within three moving trafficing convictions woving traffic infractions to the above drag my authorizations and Procedures	e. c.	s includes reckless drivi fficer, felony or misden e last 12 months. hs. months. standards and should I ny authorizing departm	ing, DUI, failing to perform the neanor driver license revocation or fail to meet these requirements and ent and/or supervisor immediately. It in OAR 125-155. My signature below	
	iver's Signature:			Today's D	ate:	

I HEREBY AUTHORIZE THE ABOVE PERSON to operate a State-owned vehicle in accordance with Oregon State Law and Oregon State and/or Western Oregon University Policies and Regulations.

Typed or printed name of signer:_			
Please return Driver Authorization	n Form to: Western Oregon 345 N. Monmouth Aven Monmouth, OR 97361 Phone: (503) 838-8481	ue	
	FOR OFFIC	E USE ONLY	
Date Processed:	Processed by:		_
Approved:	Denied:		_
Expiration Date:	Points:		_
Defensive Driving Course Completed (if required)			(Date)

_Date:_____

Signature of Dean/Director/Dept Chair or Designee:_____

WAIVER OF CONFIDENTIALITY FOR BACKGROUND CHECK

AUTHORIZATION TO OBTAIN INFORMATION

I,, am an applicant for Employee for the State of Oregon through Western Ore interview process, I hereby provide authorization and University Office of Public Safety to contact previous files and information of a confidential and privileged as it relates to my work history and background. The record check and major traffic crime record check under	egon University. As part d waiver of confidential us employers, reference d nature to determine s his waiver includes autho	of the application and lity to the Western Oregon es, and review personnel suitability and qualifications orization to seek a criminal
, date of birth	, and WOU V#	
I hereby release the State of Oregon and Western Oregon result from obtaining the information requested for the parties on the parties on the parties on the parties on the parties of the parties on the parties of the	,	, ,
Application Authorization (printed and signed name)	Date	
Date		Witness