

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.

Check One: FACULTY _____ STAFF _____ STUDENT _____ VOLUNTEER _____ OUTSIDE AGENCY _____

1. Last Name _____ First Name _____ M.I. _____
2. OSU or WOU ID No. _____ Operator's Date of Birth _____
3. Driver's License No. _____ Expiration Date _____ State of Issue _____
4. Work phone # _____ E-Mail _____
5. Authorizing Department or Agency _____ Campus Public Safety _____
6. Department/Agency Address _____ WOU _____
7. Driver/Dept Information Contact Person _____ Crystal Contreras _____ Phone# _____ 8-8481 _____
9. Van Safety Training Course Completed? Yes ___ No** **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)
10. Golf Cart/Utility Vehicle Course Completed? Yes ___ No** **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)

FACULTY AND STAFF ARE AUTHORIZED IF THE MINIMUM DRIVER REQUIREMENTS BELOW ARE MET. WESTERN OREGON UNIVERSITY WILL CHECK DRIVING RECORD ON AN ANNUAL BASIS.

ADDITIONAL INFORMATION NEEDED FOR STUDENTS AND VOLUNTEERS:

11. Date Authorized from _____ Date Authorized to _____ (Up to one year only)
12. Project Leader/Supervisor/Advisor _____ Phone # _____

Any person operating a state vehicle MUST meet *Minimum Driver Requirements and Voluntary and Compulsory Driver Standards* in OAR 125-155-0100-0200 as summarized below:

1. Be 18 years or older.
2. Hold a valid and current driver license.
3. Have NO major traffic offense within the last 24 months. This includes reckless driving, DUI, failing to perform the duties of a driver, driving while suspended, eluding a police officer, felony or misdemeanor driver license revocation or suspension of driving privileges within the last 24 months.
4. Have NO more than three moving traffic violations within the last 12 months.
5. Have NO careless driving convictions within the last 12 months.
6. Have NO Class A moving traffic infractions within the last 12 months.

As the driver, I certify that I meet the above driver requirements and standards and should I fail to meet these requirements and standards at ANY time during my authorization period, I will notify my authorizing department and/or supervisor immediately. I am familiar with the Policies and Procedures governing the use of State vehicles as outlined in OAR 125-155. My signature below authorizes the Public Safety Office to access my driving record.

Driver's Signature: _____ Today's Date: _____

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.

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

Typed or printed name of signer: _____

Please return Driver Authorization Form to: Western Oregon University Public Safety
345 N. Monmouth Avenue
Monmouth, OR 97361
Phone: (503) 838-8481 – Fax (503) 838-8100

FOR OFFICE USE ONLY

Date Processed: _____ Processed by: _____

Approved: _____ Denied: _____

Expiration Date: _____ Points: _____

Defensive Driving Course Completed (if required) _____ (Date)

**WAIVER OF CONFIDENTIALITY
FOR BACKGROUND CHECK**

AUTHORIZATION TO OBTAIN INFORMATION

I, _____, am an applicant for the position of Campus Public Safety Student Employee for the State of Oregon through Western Oregon University. As part of the application and interview process, **I hereby provide authorization and waiver of confidentiality to the Western Oregon University Office of Public Safety to contact previous employers, references, and review personnel files and information of a confidential and privileged nature to determine suitability and qualifications as it relates to my work history and background.** This waiver includes authorization to seek a criminal record check and major traffic crime record check under my name of : _____

_____, date of birth _____, and WOU V# _____

I hereby release the State of Oregon and Western Oregon University from liability and damage which may result from obtaining the information requested for the purpose specified herein.

This release expires one year after date signed.

Application Authorization (printed and signed name)

Date

Date

Witness