

Return applications to:

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Fax: (503)316-3361

Email: safety@corban.edu

CORBAN UNIVERSITY – OFFICE OF CAMPUS SAFETY EMPLOYMENT APPLICATION

| Social Security Number | Job applied for | Drivers License I | No. State | Expiration Date |
|---|--|--------------------------|-------------------|-------------------------|
| | | | | |
| CONTACT INFORMA | ATION | | | |
| Name (Last, First, MI): | | | | |
| Mailing Address: | | | | |
| City, State, And Zip Code: | | | | |
| | | | | |
| Home Telephone: | | Cell Phone N | lumber: | |
| Work Telephone: | | | | |
| Moogaga (It Dittoropt): | | | | |
| Message (If Different): | | | | |
| E-mail Address: | | | | |
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| CERTIFICATION AN | ID SIGNATURE | | | |
| I hereby certify that all s | statements made in this ap | | | |
| | fraudulent, or misleading in nent process may cause for | | hed materials, o | r made in the course |
| or any related employing | lent process may cause for | reliare or employment. | | |
| | ements contained herein a | re true and complete. | | |
| • | t least 18 years of age. citizen of the United States | of America | | |
| | must prove that I am autho | | ed States if I am | hired. |
| I authorize the emp | oloying agency to verify the | | | |
| employment application I certify that I have | ation. a valid driver's license and | Lauthorize my driving re | cord to be check | ved if the position for |
| which I am applying | | Tauthonze my unving re | cold to be check | ved if the position for |
| | gree to be subjected to a p | re-employment drug scr | eening and a crir | minal history |
| background check, | if applicable. | | | |
| Signature (must be in | າ ink): | | Date: | |

| EDUCATION AND TRAININ | G HISTORY | | | |
|--|--------------------|--|-----------------------|-----------------------------------|
| List high schools, colleges | s, military, tr | ade, business, or oth | ner schools atte | nded: |
| Name And Location Of School | Course Of Study | Credits Earned In Quarter Or Semester Hours | Graduated (Yes/No) | Degree Or Certificate Received |
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| Do you have a high school of | liploma or GE | ED certificate? (Circ | cle One) YES | NO |
| LICENSES, REGISTRATIO | NS, CERTIFI | CATES | | |
| List professional license in Commercial Driver's Licen | | | | |

| List professional license including DPSST# , if any, registration, certificate, Oregon Commercial Driver's License (CDL), Oregon Driver's License, etc. and provide description, issuing state or agency, number, and expiration date. For those positions which require a driver's license, driving records may be reviewed: | | | | | |
|--|-----------------------|-----------|-----------|--|--|
| Description | Issuing State /Agency | ID Number | Exp. Date | | |
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SPECIALIZED SKILLS AND KNOWLEDGE

| List any specialized skills or knowledge that demonstrate your ability to perform the job for which you are applying (software programs, fluency in a foreign language, keyboarding speed): |
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WORK HISTORY

The information provided in this section will be used to determine if you meet the minimum qualifications as outlined in the job announcement. Please list your previous ten years of employment beginning with your most recent experience. You may include all applicable military, non-paid, or volunteer work. Clearly describe all of your duties. Resumes will be accepted only if required on the job announcement and will not be accepted in place of a completed application. If you need additional space, attach a separate sheet and duplicate the same format used on this application.

| JOB NUMBER 1 | Job Title | | | | | | |
|---|---------------|-------------|------------|---------------------------|--------------|---------------------------|----------------------------|
| Name of Employer | | | Superviso | Supervisor's Name | | Supervisor's Title | |
| Employer's Address | | | City | | ST | Phone | |
| Employment Dates: | From | То | Avg Hrs | s Worked/ Wk [:] | | <u> </u> | |
| DUTIES: | | | l | | l | | |
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| SUPERVISION/LEA | D WORK (CHE | CK THE AREA | S YOU | WERE RESPO | DNSIBL | E FOR): | |
| ☐ Assigning and Re | eviewing Work | ☐ Handlir | ng Discip | linary Problem | าร | ☐ Hiring o | r Recommending Hiring |
| ☐ Rating Work Perf | | | | Grievances | | | sponsible for Any of These |
| LIST THE NUMBER | OF EMPLOYE | ES YOU SUPE | RVISED | AND THEIR . | JOB TIT | LES: # | Employees: |
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| JOB NUMBER 2 | Job Title | | | | | | |
| Name of Employer | | | Superviso | r's Name | | Supervisor's | Title Title |
| Employer's Address | | | City | | ST | Phone | |
| Employment Dates: | From | То | Avg Hrs | Worked/Wk [:] | | 1 | |
| DUTIES: | | | I | | l . | | |
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| SUPERVISION/LEA | D WORK (CHE | CK THE AREA | S YOU \ | WERE RESPO | NSIBL | FOR): | |
| ☐ Assigning and Re | viewing Work | ☐ Handlin | ng Discip | linary Problem | ıs | ☐ Hiring o | r Recommending Hiring |
| ☐ Rating Work Performance ☐ Responding to C | | | Grievances | | □ Not Res | ponsible for Any of these | |
| LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED AND THEIR | | | JOB TIT | LES: | # Employees: | | |
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| JOB NUMBER 3 | Job Title | | | | |
|--|---------------|-------------|--|---------|---|
| Name of Employer | | | Supervisor's Name | | Supervisor's Title |
| Employer's Address | | | City | | Phone |
| Employment Dates: | From | То | Avg Hrs Worked/ Wk [:] | | |
| DUTIES: | | | | l | |
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| SUPERVISION/LEA | D WORK (CHE | CK THE AREA | S YOU WERE RESPO | ONSIBLI | FOR): |
| ☐ Assigning and Re | eviewing Work | ☐ Handlir | ng Disciplinary Problem | ns | ☐ Hiring or Recommending Hiring |
| ☐ Rating Work Perf | | | nding to Grievances | | ☐ Not Responsible for Any of These |
| LIST THE NUMBER | OF EMPLOYE | ES YOU SUPE | RVISED AND THEIR . | JOB TIT | LES: #Employees: |
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| JOB NUMBER 4 | Job Title | | | | |
| Name of Employer | | | Supervisor's Name | | Supervisor's Title |
| Employer's Address | | | City | ST | Phone |
| Employment Dates: | From | То | Avg Hrs Worked/ Wk | | |
| DUTIES: | | | | | |
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| | • | | S YOU WERE RESPO | | · |
| ☐ Assigning and Re | _ | | g Disciplinary Problem | IS | ☐ Hiring or Recommending Hiring |
| ☐ Rating Work Performula INST THE NUMBER | | | nding to Grievances RVISED AND THEIR、 | JOB TIT | ☐ Not Responsible for Any of these LES: # Employees: |
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Essay Questions

| Why do you want to be a campus safety officer? |
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| What do you feel makes you the most qualified candidate for this position? |
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| What would you do if you found a co-worker sleeping on duty? |
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Essay Questions - Continued

| You find a building unlocked, inside the building there is an unlocked office with obvious signs of a disturbance (Broken glass, books on the floor, desk gone through) what would you do? |
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| In your opinion what are the most important characteristics of a campus safety officer? Do you possess these? |
| Explain. |
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| Campus Safety Officers are required to work at least 10 hours per week,. Their shifts vary and could be anytime |
| 24 hours a day, 7 days a week. Describe your current workload and how you would make this job work with you current schedule. |
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