

4516 Monarch Way Norfolk, VA 23508 (757) 683-4000 | Fax (757) 683-5660 | Email police@odu.edu

Patrol Aide Application

Must complete a response for everything on the form. If no response put N/A.

Name Last		First	Mi	ddle
DOB	Gender	UIN		
(MM/DD/YYYY)	Gender			
Local Phone Number	Cell Phone	Email Addres	S	
Local Mailing Address				
	Street	City	State	Zip Code
Permanent Mailing Address	Street	City	State	Zip Code
EDUCATION STATUS =				
Major		GP	A	
Academic Honors or Awards				
Special Interests				
Special Skills				
EXPERIENCE				
Do you have prior volunteer experience?		If yes, where?		
Please describe your experience				
Organizations and Extracurricula	r Activities			

Patrol Aide Application

Work Experience

Employer/Supervisor	Dates Employed	Phone Number	Responsibilities	Reason for Leaving

REFERENCES —				
Personal				
Reference Name				
	Last	First		Middle
Address	Street	City	State	7in Codo
Relationship to you	Street	How long have you known th		Zip Code
relationship to you		now long have you known th	iis person:	
Phone Number		Email Address		
Reference Name				
	Last	First		Middle
Address				
	Street	City	State	Zip Code
Relationship to you		How long have you known th	nis person?	
Phone Number		Email Address		
Employer				
Reference Name				
	Last	First		Middle
Relationship to you		How long have you known th	nis person?	
Phone Number		Email Address		
Occupation		Company		

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DRIVERS LICENSE						
Please provide a photoco	py of your Driver's License.					
Driver's License Number		State	Expiratio	n		
How many years of driving	g experience?					
CRIMINAL HISTOI	RY CHECK					
*	curity, and other interests ving, a photograph, and a f		ment and the ca	ampus co	ommunity all applicar	nts
	round investigation will be at I am agreeing to a Crimir	· ·			-	
Have you ever been arrest	ted or convicted of a crimi	nal offense?		Yes	No	
Have you ever received a summons for a traffic violation?				Yes	No	
Has your driver's license ever been suspended or revoked?				Yes	No	
Have you been sanctioned for violating any of the University's policies?				Yes	No	
Have you used drugs in the past 6 months?				Yes	No	
If you answered yes to any	y of the above questions pl	lease explain in deta	ill and provide o	date(s) of	f offense:	
and if I am accepted I und informationavailable to r	nd the procedures that wil derstand that my Patrol Aid ne through my position as parated from the departme	de assignment is a se a Patrol Aide is cons	erious commitm sidered confide	nent ther ntial and	efore all should not leave the	
Print Name	Signat	ture			Date	

Patrol Aide Application

Name Last	First	Middle
Relationship to you	Phone Number	Email Address
. ,		
ACADEMIC REQUIREME	NTS AND WORKING HOURS	
The university police department	require all patrol aides to have and main	tain a 3.0 GPA or higher. Any patrol aide that is
placed on academic probation ma	y also be temporarily suspended from th	
Working hour assignments:		
- Weekdays: Sunday through	Thursday 6:30 pm to 12: 30 pm	
- Weekend: Friday and Saturo	day 8:30 pm to 2:30 am	
- Each Patrol Aide will work 1	full weekend a month	
- Additional special assignme	ents to work Athletic Events or other spec	ial occurrences on campus
These hours are subject to change notice prior to changing their shif		The department agree to give people adequate
APPLICATION COMPLET	TION	
	-	and forthright to the best of my ability. Any
falsification or material misrepre		o a withdrawal or offer of employment or cause
	my immediate separation from the	program.
Print Name	Signature	Date
Supervisor Print Name	Supervisor Signature	Date