



Community Service Officer Application
California State University, Monterey Bay
Return to: CSUMB Department of Public Safety, Valley Hall Suite 82E

GENERAL INFORMATION

NAME:				
CAMPUS ADDRESS:				
CITY:	STATE:	ZIP:		
PERMANENT ADDRESS:				
CITY:	STATE:	ZIP:		
CAMPUS PHONE:		PERMANENT PHONE:		
Social Security #:				
California Driver's License #:		Other State Driver's License #:		
Are you currently enrolled at CSUMB? If no, what school are you enrolled in?				
Major:	Freshman <input type="checkbox"/>	Sophomore <input type="checkbox"/>	Junior <input type="checkbox"/>	Senior <input type="checkbox"/>
Projected Graduation Date:				

EDUCATION

<u>HIGH SCHOOL/ UNIVERSITY</u>	<u>CITY/STATE</u>	<u>MONTH/YEAR</u>	<u>MAJOR</u>

SPECIALIZED TRAINING AND SKILLS (CHECK ALL THAT APPLY):

<input type="checkbox"/> Two-way radio	Specify:
<input type="checkbox"/> CPR	Expires:
<input type="checkbox"/> First Aid	Expires:
<input type="checkbox"/> EMT	Expires:
<input type="checkbox"/> Self Defense	Specify:
<input type="checkbox"/> Foreign Language	Specify:
<input type="checkbox"/> Computers	Specify:
<input type="checkbox"/> Other	Specify:

Please Attach Resume





PREVIOUS WORK OR VOLUNTEER EXPERIENCE			
COMPANY:	ADDRESS:		
CITY:	STATE:	ZIP:	
JOB TITLE:	DATES:	PHONE:	
Reason For Leaving:			
May we contact this employer? If not, why?			
Duties:			

PREVIOUS WORK OR VOLUNTEER EXPERIENCE			
COMPANY:	ADDRESS:		
CITY:	STATE:	ZIP:	
JOB TITLE:	DATES:	PHONE:	
Reason For Leaving:			
May we contact this employer? If not, why?			
Duties:			

PREVIOUS WORK OR VOLUNTEER EXPERIENCE			
COMPANY:	ADDRESS:		
CITY:	STATE:	ZIP:	
JOB TITLE:	DATES:	PHONE:	
Reason For Leaving:			
May we contact this employer? If not, why?			
Duties:			





References: Provide at least 3 (non-family)

Name:	Name:	Name:
Address:	Address:	Address:
Relation:	Relation:	Relation:
Phone:	Phone:	Phone:

Name:	Name:	Name:
Address:	Address:	Address:
Relation:	Relation:	Relation:
Phone:	Phone:	Phone:

PERSONAL INFORMATION

When are you available to start?
Can you work 10 to 20 hours per week?
During mid-terms and finals?
Are you able to work late evenings?
Are you able to work Friday and Weekend evenings?
Do you have a valid California Driver's license?
Do you have current and valid auto insurance?
Have you ever been convicted of a felony or misdemeanor crime?
Are you pending trial at this time?

GOALS

Please describe your interests and goals in the Community Service Officer Program and why you desire employment.

What are your goals after graduation?

How did you hear about the CSO Program?





HOURS OF AVAILABILITY:	EXPECTED GRAD. DATE:
MONDAY:	TUESDAY:
WEDNESDAY:	THURSDAY:
FRIDAY:	SATURDAY/SUNDAY:
IT IS HIGHLY RECOMMENDED THAT ALL APPLICANTS ATTACH A RESUME TO THIS APPLICATION!	

I HERBY AFFIRM AND BELIEVE THAT ALL OF THE STATEMENTS PROVIDED BY MYSELF IN COMPLETING THIS APPLICATION FOR EMPLOYMENT ARE TRUE, AND THAT I UNDERSTAND THAT ANY MISREPRESENTATION OF THE FACTS WILL RESULT IN IMMEDIATE DISQUALIFICATION AND MY OPPORTUNITY FOR EMPLOYMENT OR TERMINATION OF EMPLOYMENT STATUS.

SIGNATURE: _____ DATE: _____

