



**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 EMAIL:

PERMANENT PHONE:

Social Security #:

Otter ID:

Student ID:

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

☐

Sophomore

☐

Junior

☐

Senior

☐

**Projected Graduation  
Date:**

**EDUCATION**

HIGH SCHOOL/  
UNIVERSITY

CITY/STATE

MONTH/YEAR

MAJOR

**SPECIALIZED TRAINING AND SKILLS (CHECK ALL THAT APPLY):**

☐ Two-way radio

Specify:

☐ CPR

Expires:

☐ First Aid

Expires:

☐ EMT

Expires:

☐ Self Defense

Specify:

☐ Foreign Language

Specify:

☐ Computers

Specify:

☐ 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.**

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|  |

**What are your goals after graduation?**

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|  |

**How did you hear about the CSO Program?**

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

**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: \_\_\_\_\_

