

APPLICATION FOR COMMUNITY SERVICE OFFICER (CSO)

APPLICANT INFORMATION

Full Name:			Date:		
	Last	First		М.І.	
Address:					
Street Address					Apartment/Unit #
	City			State	ZIP Code
Phone:				Email	
Driver's License:				Are you currently enrolled in 6 units or more at CSUSM?	YES NO
	Number	Exp Date			
Are you 18 years of age or older?		NO □	YES N If no, are you authorized to work in the U.S.?		
Do you have any relatives who work for CSUSM?		YES	NO □	If yes, who?	Department

SKILLS AND ABILITIES

SKILLS AND ADILITIES							
		Check One:					
	Specify Use:	No Experience:	Some Experience:	Competent:	Expert:		
Radio Communications							
Radio Codes							
Database							
Verbal Communication							
Defensive Driving							
CPR/First Aid							
Other							
Other							

HOURS AND AVAILABILITY

Sunday:	Monday:	Tuesday:	Wednesday	Thursday:	Friday:	Saturday:
Date available to start working:			Hours available p	ber week:		

REFERENCES

List at least three persons not related to you who can attest to your professional abilities. Do not list family members or personal friends.

Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	

PREVIOUS EMPLOYMENT

Company:		Phone:					
		Supervisor:					
Job Title:	Starting Salary: \$	Ending Salary: \$					
Responsibi	lities:						
From:	To: Reason for Leaving:						
May we cor	YES NO May we contact your previous supervisor for a reference?						
Company:		Phone:					
		Phone: Supervisor:					
Address:	Starting Salary: \$	Supervisor:					
Address: Job Title:	Starting Salary: <u>\$</u>	Supervisor:					
Address: Job Title: Responsibi	Starting Salary: \$	Supervisor:					

Company: Address:				Phone: Supervisor:	
Job Title:	Starting S	alary: <u>\$</u>		Ending Salary: <u>\$</u>	
Responsibi	ilities:				
From:	То:	Reason	for Leaving:		
May we co	ntact your previous supervisor for a reference?	YES			

GOALS

Please describe your interest 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?

DISCLAIMER AND SIGNATURE

I hereby certify that all statements made on this application and all other documents I may have submitted in support of my application are true and complete to the best of my knowledge. I understand that my stated preemployment qualifications are subject to verification and I hereby authorize the University to confirm any information provided. I understand that any falsification of my application materials may be cause for disqualification from further consideration or termination, if such information is determined after employment.

Signature:

Date:

It is highly recommended that you submit a resume with this application. Applications can only be submitted via email to cso@csusm.edu