



APPLICATION FOR COMMUNITY SERVICE OFFICER (CSO)

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

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? YES NO If no, are you authorized to work in the U.S.? YES NO

Do you have any relatives who work for CSUSM? YES NO If yes, who? _____
 Name Department

SKILLS AND ABILITIES

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 per 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: _____
Address: _____	Supervisor: _____
Job Title: _____	Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____	
From: _____	To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO	
<input type="checkbox"/> <input type="checkbox"/>	
Company: _____	Phone: _____
Address: _____	Supervisor: _____
Job Title: _____	Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____	
From: _____	To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO	
<input type="checkbox"/> <input type="checkbox"/>	

Company: _____	Phone: _____
Address: _____	Supervisor: _____
Job Title: _____	Starting Salary: \$ _____
	Ending Salary: \$ _____
Responsibilities: _____	
From: _____	To: _____
	Reason for Leaving: _____
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/> NO <input type="checkbox"/>

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 pre-employment 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 Carlos Carillo at ccarrill@csusm.edu