



Matador Patrol Application Form

Department Police Services Building, corner of Prairie St. & Darby Ave.

Phone (818) 677-4997 Fax (818) 677 5816 Mail Code 8282

PLEASE RETURN COMPLETED FORM TO THE DEPARTMENT OF POLICE SERVICES

GENERAL INFORMATION:

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

Email Address: _____ CSUN ID: _____

Driver's License / State Issued ID: _____ State: _____ Expiration Date: _____

Mailing Address:

Street: _____ City, State, Zip: _____ P.O. Box: _____

Current Phone: () _____ Alternate Phone: () _____

Home Address: (If different from Mailing Address):

Street: _____ City, State, Zip: _____ P.O. Box: _____

EDUCATION:

Class Standing: [] Freshman [] Sophomore [] Junior [] Senior [] Graduate Student

Current number of units enrolled: _____ Are you a Work-Study Student? Yes No

Major: _____ Graduation Date: _____

List the names of any schools you have previously attended, starting with high school. Please include technical, military, and professional schools, as well as other colleges or universities.

Name: _____ City/State: _____ Dates: _____ Major: _____

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What are your goals after graduation? _____

Are you a member of any clubs or organizations? If yes, which ones(s)? _____

ESSAY:

Please write and attach an essay describing your interests and goals in the Community Service Assistant Division, your reasons you desire employment and what qualities you think a Community Service Assistant should possess.



SKILLS, EMPLOYMENT HISTORY & REFERENCES:

Check the boxes in which you are skilled:

- American Sign Language CPR Self-Defense EMT First-Aid
- Computer (Mac/IBM) Other: _____
- Foreign Language(s) (Please list):

Please list the names of three **non-family** references (this will be used for background check and must be filled out!):

1. Name: _____ Relationship: _____ Phone #: _____
2. Name: _____ Relationship: _____ Phone #: _____
3. Name: _____ Relationship: _____ Phone #: _____

Do you know anyone in the CSA Division or University Police? Yes No

If yes, name: _____

Do you have any family members working in law enforcement? Yes No

- Name: _____ Dept.: _____ Relationship: _____ Phone #: _____
- Name: _____ Dept.: _____ Relationship: _____ Phone #: _____
- Name: _____ Dept.: _____ Relationship: _____ Phone #: _____

PERSONAL INFORMATION:

Have you ever been convicted of a crime as an adult and/or have you ever been arrested for a crime for which a trial is now pending? (Exclude traffic citations or other convictions that have been judicially dismissed, expunged, sealed, or eradicated).

Yes No

If yes, please complete the box below:

Describe specific offense: _____ _____
If you were convicted, provide: Specific charge for which convicted: _____ Date of conviction: _____ Disposition (i.e. sentence): _____
If trial is still pending, provide: Specific charge to be tried: _____ Expected trial date: _____



SHIFT AVAILABILITY:

- When are you available to start? _____
- Can you work 15 to 20 hours per week, including midterms and finals? Yes No
- Are you able to work Friday and Saturday nights? Yes No
- Are you able to work between the hours of 5:00 P.M. and 3:00 A.M? Yes No
- Are you able to work overnight Special Events? Yes No
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EMPLOYMENT HISTORY:

List all previous employment for a minimum of ten (10) years. Include military experience and relevant volunteer experience.
List most recent employment first. Attach additional sheets, if necessary, with your name. A résumé may be attached.

- May we contact your present employer? Yes No
- May we contact your previous employers? Yes No

1. Name of Business: _____ Business Type: _____
Supervisor's Name: _____ Dates Worked: _____
City / State / Zip: _____ Phone: _____
Position Held: _____ Reason for Leaving: _____
Responsibilities: _____

2. Name of Business: _____ Business Type: _____
Supervisor's Name: _____ Dates Worked: _____
City / State / Zip: _____ Phone: _____
Position Held: _____ Reason for Leaving: _____
Responsibilities: _____

3. Name of Business: _____ Business Type: _____
Supervisor's Name: _____ Dates Worked: _____
City / State / Zip: _____ Phone: _____
Position Held: _____ Reason for Leaving: _____
Responsibilities: _____



4. Name of Business: _____ Business Type: _____
Supervisor's Name: _____ Dates Worked: _____
City / State / Zip: _____ Phone: _____
Position Held: _____ Reason for Leaving: _____
Responsibilities: _____

I hereby verify that all statements made in this application are true and complete, and understand that any misstatement of the facts may subject me to disqualification or dismissal.

Signature: _____ Date: _____

THANK YOU FOR YOUR INTEREST IN THE CSA DIVISION, MATADOR PATROL