



Matador Patrol

Police Services Building, corner of Prairie & Darby Streets
Phone: (818) 677-4997 Fax: (818) 677-5816 Mail Code: 8282



Matador Patrol Application Form

PLEASE RETURN COMPLETED FORM TO THE COMMUNITY SERVICE ASSISTANTS DIVISION OFFICE LOCATED AT THE CORNER OF DARBY & PRAIRIE STREETS. IF YOU HAVE ANY QUESTIONS, PLEASE CALL (818) 677-4997.

GENERAL INFORMATION:

First Name: _____ Last Name: _____ M.I. ___ Email Address: _____

Driver's License: _____ State: _____ Expiration Date: _____ CSUN ID: _____

Major: _____ Graduation Date: _____ Are You a Work-Study Student? YES NO

MAILING ADDRESS:

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

Phone: _____ Cell Phone: _____

HOME ADDRESS: (If different from Mailing Address)

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

Phone: _____ Cell Phone: _____

EDUCATION:

Class Standing: Freshman Sophomore Junior Grad Student

Current Number of Units Enrolled: _____

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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SKILLS, EMPLOYMENT HISTORY & REFERENCES: Check all boxes in which you are skilled:

ASL CPR Self-Defense EMT First-Aid Computer Skills

MAC/PC List Foreign Languages Spanish French Italian Russian Chinese

Other: _____

NON-FAMILY REFERENCES:

Please list the names of three (3) **non-family** references:

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Do you know anyone in the Matador Patrol or University Police? YES NO

If YES, enter their name(s): _____

Do you have any family members working in law enforcement? YES NO

Name: _____ Relationship: _____ Department: _____ Phone #: _____

Name: _____ Relationship: _____ Department: _____ Phone #: _____

Name: _____ Relationship: _____ Department: _____ 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 trial is now pending? (Exclude traffic citations or other convictions that have been judicially dismissed, expunged, sealed, or eradicated? YES NO

1. Describe the specific offense:

2. If you were convicted, provide:

Specific charge for which you were convicted: _____

Date of conviction: _____ Disposition (i.e. Sentence): _____

3. If trial is 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 5:00PM and 2:00AM? YES NO

Are you able to work overnight Special Events? YES NO

What are your goals after graduation?

Are you a member of any clubs or organizations? If YES, which one(s)?

How did you find out that the Matador Patrol was hiring? _____

ESSAY:

Please write and attach a brief essay describing your interests and goals in the Community Service Assistant Division and the reasons that you desire employment.

EMPLOYMENT HISTORY:

List all previous employment for a minimum of three (3) years. Include military experience and relevant volunteer experience. List the most recent employment first. Attach additional sheets, if necessary, with our name. A resume may be attached.

May we contact your present employer? YES NO
May we contact 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: _____ **Print Name:** _____ **Date:** _____