



**CALIFORNIA STATE UNIVERSITY SACRAMENTO
UNIVERSITY POLICE**

6000 J Street
Sacramento CA 95819-6092

**Community Service Officer Program
Application for Employment**

Position Title: _____ **Date:** _____

Name: _____
(Last) (First) (MI)

Address: _____
(Number & Street) (City) (State) (Zip)

Telephone: _____ **Samlink Email Address:** _____
(Home) (Cell)

Where did you learn about this Position?

Newspaper: _____ **Sacramento State Web Site:** _____ **Job Line:** _____

Other: _____

1. Are you currently a Sacramento State Student? Yes: _____ No: _____

2. You must be at least 18 years of age or, if under 18, you must have graduated from high school or have a certificate of proficiency in order to be employed by the University. Do you meet this requirement?

Yes: _____ No: _____

3. Are you currently authorized to work in the United States? Yes: _____ No: _____ (Proof of Citizenship or Immigration status is required upon employment). If you are not currently authorized to work in the U.S., please state your immigration status. _____

4. Have you ever been released or discharged from employment or resigned to avoid such release or discharge? Yes: _____ No: _____ If Yes, please explain: _____

Date of discharge or resignation: _____

Reason for discharge or resignation: _____

5. Since your 18th birthday, have you ever been convicted of a felony? Yes: _____ No: _____

If you answered Yes, list the circumstances, place and dates: (A conviction will not necessarily disqualify you from employment. We will consider your case individually, in relation to the position for which you have applied. _____

6. Education and training (include military training). Circle the highest grade completed:
 Grammar: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 13 14 15 16 Grad: 17 18 19 20

Education/Training Facility	Subjects Studied (list all major & minor)	Units Taken	Degrees Received (AA, BA,MS, PhD, etc.

7. Professional/Technical License/Certificates:

Type of License/Certificate	License/Certificate #	State/Organization Issued By	Expiration Date

8. Please provide the following information and indicate the skills you possess only if they are a requirement of the position for which you are applying:

Driver's License #: _____ State: _____ Class: _____
 Software Proficiency: _____

Languages you speak, read or write fluently in addition to English: _____

Employment Record: List your present or most recent employer first. Describe your employment history, accounting for all time during at least the past five (5) years. You may include volunteer and paid experience, do not substitute a resume. You may attach additional information such as a resume and letter of recommendation.

Do you wish to be notified before we contact your current employer: Yes: _____ No: _____

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Employer: _____ Address: _____

Immediate Supervisor & Title: _____ Telephone: _____

Your Job Title: _____ Dates Employed From: _____ To: _____

Job Duties: (brief statement; be sure to list all duties related to this position)

Starting Salary \$: _____ Ending Salary \$: _____ Hours Per Week: _____

Reason for Leaving: _____

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Employer: _____ Address: _____
Immediate Supervisor & Title: _____ Telephone: _____
Your Job Title: _____ Dates Employed From: _____ To: _____
Job Duties: (brief statement; be sure to list all duties related to this position)

Starting Salary \$: _____ Ending Salary \$: _____ Hours Per Week: _____
Reason for Leaving: _____

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Employer: _____ Address: _____
Immediate Supervisor & Title: _____ Telephone: _____
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Job Duties: (brief statement; be sure to list all duties related to this position)

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Reason for Leaving: _____

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Employer: _____ Address: _____
Immediate Supervisor & Title: _____ Telephone: _____
Your Job Title: _____ Dates Employed From: _____ To: _____
Job Duties: (brief statement; be sure to list all duties related to this position)

Starting Salary \$: _____ Ending Salary \$: _____ Hours Per Week: _____
Reason for Leaving: _____

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For additional employment history, please attach on a plain sheet of paper in the same format.

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Briefly describe how your experience, education, aptitudes, and interest relate to this position:

I, _____, wish to be considered for employment with the Sacramento State Police Department. I certify that all the statements made on this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I hereby authorize the Sacramento State Police Department and its agents to investigate and verify all statements obtained in my employment application and to obtain information concerning my qualifications as a prospective employee. I understand that job-related background checks are required for certain positions, the check will be conducted and completed before appointment or promotion to that position. I understand that failure to provide mandatory information and/or falsification may be grounds for disqualification or separation.

In connection with the investigation of this application, I authorize the Sacramento State Police Department to contact each of my former employers, educational institutions and references listed herein. I also authorize each of the former employers, educational institutions and the references listed herein to give the Sacramento State Police Department any and all information concerning my education, previous employment, and any pertinent information they may have regarding my work performance, whether such information is favorable or unfavorable to me. I hereby fully release all such persons and entities from any liability with respect to furnishing such information to the Sacramento State Police Department, and waive any claims I may have against them with respect to release of such information. I also authorize Sacramento State Police Department to release such employment information as necessary to those employees and agents of the Sacramento State Police Department who require such information to investigate or to make a decision with respect to any matter of my employment.

All information provided may be used only for the purpose of employment in accordance with the California Information Practices Act of 1977.

Signature: _____ Date: _____