UNIVERSITY POLICE DEPARTMENT

SAN DIEGO STATE UNIVERSITY
5500 CAMPANILE DRIVE
SAN DIEGO, CA 92182-4390
PHONE: (619) 594 - 6672
FAX: (619) 594-4473

PARKING SERVICES STUDENT ASSISTANT

The Parking Services Student Assistant position provides San Diego State University students an opportunity to serve as ambassadors of the university by not only offering parking permits, but also assisting guests, students, faculty, and other employees of the university with information about the campus. Under the general supervision of the Office Support Coordinator, the student assistant will perform administrative tasks that require excellent communication skills, integrity, confidentiality, and the ability to interact with all levels of the University community. Duties range from answering phone calls, filing paperwork, issuing permits and keys, to processing department permit requests and assigning access control. All student assistants will be provided training.

ELIGIBILITY:  Must have a valid C California driver's license and a Social Security Card. Individuals must also be willing to working during midterms and finals, nights, weekends, and holidays.

EDUCATION:  Currently enrolled San Diego State University student carrying six units or more. Enrollment in Extended studies does not count.

EXPERIENCE:  Extensive knowledge of campus and campus community; basic experience dealing with the general public, preferably in a situation involving the necessity for tact, consideration, and judgement.

ABILITIES:  To maintain a pleasant, courteous, interested, helpful, positive attitude at all times, particularly in stressful situations; to be adaptable to work stressful situations, rotating shifts, late hours and weekends; to follow prescribed routines and/or specific orders, policies and procedures; to exercise judgment within well-defined police guidelines; to maintain poise and composure at all times. Applicants will be required to submit Live Scan fingerprints and will be required to undergo DMV check and detailed background investigation check.

PAY RANGE:  13.00 and up per hour with optional pay increases once per year. Pay raises are not mandatory. Raises are based on employee performance and employment status (i.e, if on probation, disciplinary action, etc).

SUBMIT YOUR APPLICATION TO:  Parking Services
University Police Department
San Diego State University
5500 Campanile Drive
San Diego, CA 92182-4390

Fax: (619) 594-4473

All Applications should be submitted in Blue or Black Ink.
Instructions for the Applicant

The information you provide in this Personal History Statement has been approved in accordance with the Chancellor's Office and Human Resources. The Personal History Statement will be used in the background investigation to assist in determining your suitability for the classification of Non-Sworn Law Enforcement Personnel.

- It is your responsibility to complete this form and provide all required information.
- If you are filling out a printed copy of this form, neatly print in blue and black ink.
- You must respond to all items and questions. If a question does not apply to you write "N/A" (not applicable) in the space provided for your response.
- If you need more space for any response, use the last page of this form and identify the additional information by the question number.
- Send the completed form to your background investigator or the agency to which you are applying.

Disqualification

There are very few automatic bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason of the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job relevant information from their prospective employer.

YOU ARE RESPONSIBLE FOR PROVIDING COMPLETE, ACCURATE AND TRUTHFUL RESPONSES.

Disclosure of Medical or Disability Related Information

In accordance with the U.S Americans with Disabilities Act, the Genetic Information Nondiscrimination Act (GINA) and the California Fair Employment and Housing Act, applicants are not expected to reveal any medical or other disability-related information about themselves or their family members in response to questions in this form.

I have read and I understand the above instructions.

NAME:

SIGNATURE: DATE:
BACKGROUND AUTHORIZATION

By signing this form, the employee has read, understands, agrees to its contents and realizes the penalties for non-compliance to its terms. I hereby verify that all statements made in this questionnaire, and any materials, which I have submitted in the application process for this position, are true and complete. I understand that any misstatement of material facts subject me to dismissal.

I fully recognize that under California Law, individuals must clearly demonstrate their personal, medical, and psychological fitness to serve in the position of Parking Services Student Assistant. I further recognize that an employing agency has both a legal and a moral obligation to take every reasonable effort to insure that any person employed by them as Parking Services Student Assistant will conform to the very highest standards.

I understand that I am authorizing investigation into aspects of my personal, medical, and psychological fitness, and that such an investigation will include contacting persons and/or organizations who have information relating to my fitness, including if I am or have been a peace officer in California, information protected under 832.7 of the Penal Code and 1043 of the Evidence Code. I also understand that those persons and/or organizations may feel inhibited intimidated or otherwise reticent about furnishing legitimate information concerning my fitness unless the confidentiality of their information can be guaranteed on a permanent basis.

I further recognize that although some of the information contained in this report is a matter of public record, or would otherwise be accessible to me, this information will be inextricably interwoven with other confidential data to which I would otherwise not be privy. Therefore I exonerate, release and discharge the San Diego State University Police Department, their officers, agents or assigns, now and in the future, from any claim or damages, whether in law or in equity on behalf of myself, my heirs, agents or assigns for their refusal to make available any information contained in this pre-employment investigation, including but not limited to the identity of any person or organization who may have supplied information in the course of this investigation, as well as the substance of any such information supplied, even where such information has been the basis for my disqualification.

I hereby knowingly, voluntarily, specifically, and permanently waive any rights I may have to examine, review, or to otherwise discover the contents of this investigation and all documents related thereto pursuant to Labor Code Section 1198.5 or other legislation, whether by request, appeal, grievance, or by legal process.

Having been hired by the San Diego State University Police Department – Parking Services Student Assistant program, I understand that I am on probation for six months beginning from the date of hire, and that my employment may be terminated at any time during that six month period, regardless of my performance.

I certify under penalty of perjury, under the laws of the state of California, that the foregoing statements are true and correct.

__________________________________________  ____________________________________________  ______________
PRINT NAME                                                   SIGNATURE                                                   DATE

EXECUTED BY UNIVERSITY POLICE, SAN DIEGO STATE UNIVERSITY, SAN DIEGO, CA
NAME: ___________________________________________ Date: _____________

Last Name First Name M.I.

Do you have a valid Social Security Card readily available? Yes / No
Do you have a valid California Driver's license? Yes / No
Are you currently taking at least 6.0 units or more at San Diego State University? Yes / No

**General**

1. Are you currently employed? ________ If yes, do you plan to continue at your present job if hired by the Community Service Officer Program? _____________

2. Have you ever applied to a University Police Department position before? ________
   If yes, when? _________________________________________________________

3. How many academic units are you taking this semester at San Diego State University? __________

4. What is your California Driver’s License number? _________________
   State: _________________ Exp Date: _________________
   Name under which license was issued: ____________________________________________________________________________

5. Do you have any special training (CPR, EMT, FCC, Class B, CDL, etc )? Include expiration date:
   ____________________________________________________________________________

6. Are you fluent in any foreign languages to the extent that you could interpret should the need arise? If so, please list: ____________________________________________________________________________

7. When are you available to start? _________________

8. How many hours per week would you like to work? ________ (Max: 20 hrs)

   During midterms and finals? ________ Holidays? ________

10. Do you know anyone in the Department of Public Safety? If yes, give name(s).
   _____________________________________________________________________________

11. What is your major / minor? _______________________________________________________________________________

12. What is your expected date of graduation? _________________
Personal

YOUR FULL NAME

Last   First   Middle

Other names, including nicknames, you have used or been known by

ADDRESS WHERE YOU RESIDE

Number / Street

Apt / Unit

City

State

ZIP

CONTACT INFORMATION

( ___ ) - ___ ( ___ ) - ___

Home   Cell

E-mail Address

Social Security Number

Birthplace (City / County / State / Country)

Birthdate

PHYSICAL DESCRIPTION

Height   Weight   Hair Color   Eye Color

13. Are you legally authorized for employment in the United States? Yes / No

If no, please explain:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

FOR EMPLOYER ONLY. DO NOT WRITE BELOW THIS LINE
### Experience and Employment

List **ALL** jobs you have had the past 5 years, including part-time, temporary, self-employment and volunteer. (Begin with your most current)

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
</table>

Name of Employer

Address (Number / Street)  
City  
State  
Zip

Job Title  
Duties / Assignments  
Supervisor's Contact Number/Email

Would there be a problem if we contact your current employer?  
Yes / No  
If yes, explain:  

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
</table>

Name of Employer

Address (Number / Street)  
City  
State  
Zip

Job Title  
Duties / Assignments  
Supervisor's Contact Number/Email

Reason for leaving
### Experience and Employment Continued

<table>
<thead>
<tr>
<th>Name of Employer</th>
<th>Address (Number / Street)</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<table>
<thead>
<tr>
<th>Job Title</th>
<th>Supervisor</th>
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<tr>
<th>Duties / Assignments</th>
<th>Supervisor’s Contact Number/Email</th>
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<th>To</th>
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</table>
# Professional References

List at least 3 professional references such as former employers, supervisors, and coworkers. If this will be your first employment, please provide social references such as coaches, teachers, etc. DO NOT list family members. Please contact your references in advance to notify them that the University Police Department will be contacting them. All references must respond to successfully progress through the background process.

**Reference #1**

<table>
<thead>
<tr>
<th>Name: ____________________________</th>
<th>Last</th>
<th>First</th>
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<tbody>
<tr>
<td>Home Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number / Street / Apt</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Home Phone ( ) -</td>
<td></td>
<td>E-mail</td>
</tr>
<tr>
<td>Work Phone ( ) -</td>
<td></td>
<td></td>
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<tr>
<td>How do you know this person?</td>
<td></td>
<td></td>
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<tr>
<td>How long have you known this person?</td>
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</tbody>
</table>

**Reference #2**

<table>
<thead>
<tr>
<th>Name: ____________________________</th>
<th>Last</th>
<th>First</th>
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<tbody>
<tr>
<td>Home Address</td>
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<td>City</td>
<td>State</td>
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<tr>
<td>Home Phone ( ) -</td>
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<td>E-mail</td>
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<tr>
<td>Work Phone ( ) -</td>
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<td></td>
</tr>
<tr>
<td>How do you know this person?</td>
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<tr>
<td>How long have you known this person?</td>
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</tbody>
</table>
Reference #3

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<tr>
<td>Name:</td>
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<td>E-mail</td>
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<tr>
<td>Work Phone</td>
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<td></td>
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</tbody>
</table>

How do you know this person?  
How long have you known this person?

FOR EMPLOYER ONLY. DO NOT WRITE BELOW THIS LINE
INSTRUCTIONS:

a.) You are required to turn in an autobiography and address your personal history within it.

b.) After completing the autobiography, please explain your long term professional goals and why you are interested in the position.

c.) Add your qualifications for the position. Include extra curricular activities, volunteer work, and leadership positions that you have held in the past.

Your response must be handwritten, in blue or black ink, in uppercase print, and a minimum of 2 pages. We are looking for a detailed and well presented response.

Use the following two pages to write your response. If more pages are needed, re-print page 11 as many times as needed.
### Education

20. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business or trade school?  

   Yes / No

If yes, please describe in detail below. List all and any disciplinary action received in any school or educational institution. Include when the disciplinary action occurred, name of school, and explanation of circumstances.

---

### Residence

21. Have you ever been evicted or asked to leave a residence?  
   
   Yes / No

22. Have you ever left a residence owing rent, utilities, or other household expenses?  

   Yes / No

If you answered yes to any of the Residence questions, explain (include when, where, and circumstances with reference to the corresponding numbers).

---

**FOR EMPLOYER ONLY. DO NOT WRITE BELOW THIS LINE**
## Employment History

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>23. Have you ever been fired, released from probation, resigned in lieu of termination, or asked to resign from any place of employment?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>24. Have you ever been involved in an incident of workplace violence?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>25. Have you ever quit without giving proper notice?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>26. Have you ever been disciplined at work (e.g., written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions)?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>27. Have you ever been found to have discriminated against a co-worker, superior, subordinate or customer? (Sexual harassment, racial bias, etc.)</td>
<td>Yes / No</td>
</tr>
<tr>
<td>28. Have you ever sold, released, or given away legally confidential information?</td>
<td>Yes / No</td>
</tr>
</tbody>
</table>

If you answered yes to any of the Employment History questions, explain (include when, where, and circumstances. Reference the corresponding numbers).

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**FOR EMPLOYER ONLY. DO NOT WRITE BELOW THIS LINE**
Disclosure of Convictions

This section requires you to report arrests and convictions including diversion programs that you did not successfully complete, and in some cases, offenses that may have been pardoned. As an applicant for government employment, you are also required to disclose this information unless specifically exempted by state or federal law.

29. Have you ever been convicted of any misdemeanor or felony in this state or any other state? Yes / No

If yes, explain each incident

<table>
<thead>
<tr>
<th>Approximate Date</th>
<th>Arresting or Detaining Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Charge:

Disposition or Penalty:

Charge:

Disposition or Penalty:

Charge:

Disposition or Penalty:

FOR EMPLOYER ONLY. DO NOT WRITE BELOW THIS LINE
Controlled Substances

This section asks about your current and past recreational drug use. This covers the use of any illegal drug, including the unauthorized use of prescription drugs or over-the-counter drugs.

30. Have you ever used any illegal drugs? Yes / No

31. Have you ever used marijuana? Yes / No

32. Have you ever used prescription drugs or non prescription drugs in a manner other than directed by a doctor /physician? Yes / No

If you have answered "Yes" to any of the above questions, provide details, including drug(s) used, where, when and circumstances - reference to corresponding numbers:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

33. Prior to the past six months (check all that apply)

A. I have never used any drug recreationally. ☐

B. I have tried or used one or more drugs, but only under limited circumstances (for example, experimentation, at parties, concerts, special events, etc.) ☐

If B. is checked, give details including drug(s) used, most recent date used, and circumstances:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

FOR EMPLOYER ONLY. DO NOT WRITE BELOW THIS LINE
**Motor Vehicle Information**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Driver's License Number:</td>
<td></td>
</tr>
<tr>
<td>State of Issue:</td>
<td></td>
</tr>
<tr>
<td>Exp Date:</td>
<td></td>
</tr>
<tr>
<td>Name under which License was granted:</td>
<td></td>
</tr>
<tr>
<td>34. Have you ever been refused a driver's license by any state?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>If YES, please explain (include when, where, and circumstances)</td>
<td></td>
</tr>
<tr>
<td>35. Have you been involved as the driver in a motor vehicle accident within the past 7 years?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>36. Have you ever been arrested and or convicted of driving under the influence of drugs or alcohol?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>37. Have you ever driven a vehicle without auto insurance, as required by law?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>If YES, explain circumstances:</td>
<td></td>
</tr>
<tr>
<td>38. Have you ever been refused automobile liability insurance or bond or had them cancelled?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>If YES, give a reason and include the insurance career and date:</td>
<td></td>
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</tbody>
</table>

**FOR EMPLOYER ONLY. DO NOT WRITE BELOW THIS LINE**
## Traffic Citations

List all traffic citations, excluding parking citations, you have received.

<table>
<thead>
<tr>
<th>A.</th>
<th>Violation</th>
<th>Date Violation Occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Location</td>
<td>Action Taken</td>
</tr>
<tr>
<td></td>
<td>Street</td>
<td>City</td>
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</table>

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<tr>
<th>B.</th>
<th>Violation</th>
<th>Date Violation Occurred</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Location</td>
<td>Action Taken</td>
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<tr>
<td></td>
<td>Street</td>
<td>City</td>
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<tr>
<th>C.</th>
<th>Violation</th>
<th>Date Violation Occurred</th>
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<tbody>
<tr>
<td></td>
<td>Location</td>
<td>Action Taken</td>
</tr>
<tr>
<td></td>
<td>Street</td>
<td>City</td>
</tr>
</tbody>
</table>

39. Has a traffic citation ever resulted in a warrant or caused your driver’s license to be withheld due to the following? If yes, check all that apply. Yes / No

- [ ] Failure to appear
- [ ] Failed to complete traffic school
- [ ] Failed to pay the required fine

If checked, explain the circumstances:

________________________________________

________________________________________

________________________________________

________________________________________

FOR EMPLOYER ONLY. DO NOT WRITE BELOW THIS LINE
General Questions Continued

40. Is there anything else you feel the background investigator should know about you or your experiences?  Yes / No

If you answered yes to any of the General Questions, give details including dates and circumstances; indicate corresponding number.

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Instructions for Submitting Application

41. Please print out and attach your personal class schedule in the Timetable format from the SDSU Webportal. Also, include any other activities that may affect your work schedule.

42. Unless you are faxing your application, please submit your application in a sealed envelope and label it as "CSO Application".

I hereby certify that I have personally completed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

__________________________________________  ________________________________  __________________
PRINT NAME    SIGNATURE    DATE

FOR EMPLOYER ONLY. DO NOT WRITE BELOW THIS LINE