

Parking and Transportation Services

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, processing department permits requests, and completing bike registration. Defensive driving support and other duties as assigned. 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 able to work during normal business hours of 8:00am-4:30pm.

EDUCATION: Currently enrolled San Diego State University student carrying six units or more with a 2.0 GPA or above. Enrollment in Extended studies does not qualify.

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; 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: \$19.00 per hour. Raises are based on employee performance and employment status (i.e, if on probation, disciplinary action, etc).

SUBMIT YOUR APPLICATION BY MAIL TO: Parking & Transportation Services
5500 Campanile Drive San Diego,
CA 92182-1800

APPLICATIONS MAY BE FAXED TO:
(619) 594-0123

SUBMIT YOUR APPLICATION IN PERSON TO: Parking & Transportation Services
6001 Lindo Paseo (College Square)
MON-THURS 10:30-1:30

All Applications should be submitted in Blue or Black Ink.

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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 and 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 our office.

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:

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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 Parking and Transportation Services 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

Parking and Transportation Services

NAME: _____
Last First M.I.

Date: _____

Do you have a valid Social Security Card readily available?

Yes / No

Do you have a valid California Driver's license?

/

Are you currently taking at least 6.0 units or more at San Diego State University?

/

General

1. Are you currently employed? _____ If yes, do you plan to continue at your present job if hired by the Parking Services Student Assistant Program? _____
2. Have you ever applied to a Parking & Transportation Services position before? _____
If yes, when? _____
3. What is your California Driver's License number? _____
State: _____ Exp Date: _____
Name under which license was issued: _____
4. Do you have any special training (CPR, EMT, FCC, Class B, CDL, etc)? Include expiration date:

5. Are you fluent in any foreign languages to the extent that you could interpret should the need arise? If so, please list: _____
6. When are you available to start? _____
7. How many hours per week would you like to work? _____ (Max: 20 hrs)
8. Are you willing to work during midterms and finals? _____
9. Do you know anyone in the University or Parking Services? If yes, give name(s).

10. What is your major / minor? _____
11. What is your Red ID number & expected date of graduation? _____

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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?

/

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)

14.

		From	To
Name of Employer			
Address (Number / Street)		Phone Number	
City	State	Zip	
Job Title	Supervisor		
Duties / Assignments	Supervisor's Contact Number/Email		
Would there be a problem if we contact your current employer?			<input type="checkbox"/> / <input type="checkbox"/>
If yes, explain: _____			

15.

		From	To
Name of Employer			
Address (Number / Street)		Phone Number	
City	State	Zip	
Job Title	Supervisor		
Duties / Assignments	Supervisor's Contact Number/ Email		
Reason for leaving			

Experience and Employment Continued

16.		From	To
Name of Employer			
Address (Number / Street)		Phone Number	
City	State	Zip	
Job Title	Supervisor		
Duties / Assignments	Supervisor's Contact Number/Email		

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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

17.	Name: _____			
	Last	First		
	Home Address			
	Number / Street / Apt		City	State ZIP
	Home Phone () -		E-mail	
	Work Phone () -			
	_____		_____	
	How do you know this person?		How long have you known this person?	

Reference #2

18.	Name: _____			
	Last	First		
	Home Address			
	Number / Street / Apt		City	State ZIP
	Home Phone () -		E-mail	
	Work Phone () -			
	_____		_____	
	How do you know this person?		How long have you known this person?	

References Continued

Reference #3

19.	Name: _____			
	Last	First		
	Home Address			
	Number / Street / Apt		City	State ZIP
	Home Phone		E-mail	
	() - _____			
	Work Phone			
	() - _____			
	How do you know this person?		How long have you known this person?	

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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 any and all 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?
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).

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Parking and Transportation Services**Motor Vehicle Information**

34. Have you ever been refused automobile liability insurance or bond or had them cancelled? Yes / No

If YES, give a reason and include the insurance career and date:

35. Have you been involved as the driver in a motor vehicle accident within the past 7 years? Yes / No

36. Have you ever been arrested and or convicted of driving under the influence of drugs or alcohol? /

37. Have you ever driven a vehicle without auto insurance, as required by law? /

If YES, explain circumstances:

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

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.

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