

Phone: (657) 278-2515

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800 N. State College Blvd. Fullerton, CA 92834



**POLICE DEPARTMENT**  
CALIFORNIA STATE UNIVERSITY  
**FULLERTON™**

Raymund Aguirre Chief of Police

## **APPLICATION GENERAL INFORMATION**

### **Community Services Officer**

### **MISSION STATEMENT**

**We are dedicated to ensuring the University Community's right to a crime free environment through exemplary and professional service.**

**STUDENT ASSISTANT POSITIONS** (Please select the position you are applying for):

#### **Community Services Officer**

The primary duty of the CSO is to observe and report suspicious activities or incidents to the University Police Department. The CSOs patrol using a variety of methods including marked vehicle, bicycles, electric cart, and on foot. Beyond patrol, CSOs perform safety escorts, traffic control, loss prevention, fire watch, site watch security, report writing, library patrol, provide fire and medical escorts and assist in building evacuations during emergencies. CSOs are responsible for securing and unlocking the entire campus.

#### **Community Services Officer- Police Records**

The primary duty of the police records CSO is to assist records technicians in the processing, organization and destruction of police reports; collect process and release property, provide live scan fingerprinting services and oversee the issuance of state keys. Provides a high level of customer service to the community at the police department front desk by answering telephones, e-mails, greeting visitors and providing general information.

#### **Internship**

The primary goal of the Police Intern Program is to further prepare and develop qualified CSUF students to enter the field of law enforcement, while supporting their successful completion of a college education. The intern program will offer college students, who are interested in a possible career in law enforcement, a rewarding and insightful experience by providing an educationally based program while working in various divisions in the Department.

#### **Qualifications**

- Eligibility: Must be a current California State University, Fullerton student with at least 6 units and a 2.0 GPA or above.
- Experience: Knowledge of the campus and campus community, and basic experience dealing with the general public.
- Abilities: To maintain a pleasant, courteous, interested, helpful, and positive attitude at all times, particularly in stressful situations; to be adaptable to work during stressful situations, rotating shifts, late hours, and weekends; to follow prescribed routines and/or specific orders, policies, and procedures; and to exercise good and reasonable judgment within specified policies.
- Required: A valid California Driver's license (if applicable to position) and fingerprinting for background investigation check.

#### **SUBMIT APPLICATION TO:**

CSUF Police Department  
Records-Front Desk  
800 N. State College Blvd.  
Fullerton, CA 92834  
Phone: (657) 278-2515

**All applications must be submitted  
In BLACK ink ONLY.**



## APPLICATION INSTRUCTIONS AND OVERVIEW

Enclosed is a background package for the student assistance positions for the California State University, Fullerton Police Department (CSUF PD). It is important that you read and follow all of the instructions explicitly. Incomplete or illegible documents will not be accepted.

Before beginning to complete the package, read all instructions and sign this document where requested.

You are required to report to your background investigator any changes in personal history covered in this background package. Failure to report any changes in personal history within five (5) days may cause your name to be removed from the eligibility list or immediate dismissal. If you have any questions, please call your background investigator.

### Required Document

The following documents are required, where applicable, and must be turned in at the same time as the rest of your background package. Bring the original documents with you, they will be photocopied and returned. Photocopied documents will not be accepted under any circumstances.

- Social Security Card
- Driver's License
- Proof of Automobile Liability Insurance

### Background Investigation

Please read and answer all of the questions in the Background Investigations Questionnaire. You are admonished to answer all of the questions truthfully and completely. If you are dishonest in your answers, fail to fully answer any question, misstate or omit any material facts, you will be disqualified for further consideration for this position.

The commission of one or more of the offenses listed on this questionnaire may not automatically disqualify you from consideration for this position. Public Safety agency employees must demonstrate integrity and credibility as a witness in a court of law. Your responses to these questions will be evaluated and considered in relationship to your entire background. Remember, your responses are subject to verification by a polygraph.

### Autobiography

You are required to turn in a legibly handwritten or block printed autobiography with your background package. The autobiography must be handwritten in black ink, by you personally and not typed. Typed autobiography will not be accepted. The autobiography must be a minimum of three (3) pages long and should address your entire life history.



## **PERSONAL HISTORY STATEMENT INSTRUCTIONS**

Completion of this form is required prior to the extension of any conditional offer of employment. Pursuant to American with Disabilities Act (ADA) it had been designed to avoid asking about the existence, nature or severity of any disability an applicant may have. You are not expected nor required to furnish any information of a medical nature. For example, if you were granted a disability retirement from a previous employer – in the reason for leaving section respond “unable to meet job requirements” or just “retired”. Do not furnish any identifying information about controlled substances which were lawfully prescribed to you, unless you were arrested driving under the influence. In such cases, do not identify the specific drug in question other than lawfully prescribed”.

California State University, Fullerton Police Department (CSUF PD) requires all prospective employees to complete the Personal History Statement. Please note your ability to complete this form in a neat, timely and accurate manner is an important part of the back ground process. This form is used to determine your legal qualifications for the position for which you are applying. In addition to state or federal mandates in this area, CSUF PD has an obligation to itself and the community it serves to assure that persons who are not qualified for this position will be lawfully excluded from further consideration.

You are instructed to answer questions about infractions and misdemeanors you may have committed during that past 7 years. You are also instructed to answer questions about felonies you may have committed at any time during your lifetime. All applicants are required to disclose their prior involvement in illegal acts, regardless of any legal process which may or may not have occurred as result of those acts. Question regarding the use/possession of illegal drugs, remember the legal term “possession” also includes any use whatsoever. It includes using, experimenting with, trying, ingesting, smoking, injecting. Or being under the influence of; also drugs in your clothing or in your car, even if you did not “use” them on that occasion. It specifically includes substances that you thought were illegal drugs when you possessed them, even if they subsequently turned out to be harmless.

Regarding questions about legal processes initiated against you (detentions, arrests, plea bargains, diversions and/or convictions), you may have a right to answer “No” to certain questions as a result of the provisions of California Law (such as juvenile arrest records sealed or expunged under Penal Code §851.7 or §851.8). You should consult your own attorney if you feel that you may be legally entitled to deny these processes under the law. However, the fact that a criminal conviction may have been legally expunged does not entitle you to deny having committed the act itself, and under certain circumstances (such as a conviction set aside under Penal Code §1203.4 or Penal Code §1000.4), you may be required to disclose the conviction because you are applying for public employment in a criminal justice agency (Labor Code §432.7).

You employment history provides some of the most significant information in a pre-employment background. Agreement with present of prior employers to conceal accusations of misconduct might legally entitle you to deny a specific disciplinary action taken against you by your employer; it does not entitle you to deny your factual involvement in misconduct. Any attempt to conceal your factual involvement in misconduct will result in your disqualification. CSU Fullerton Police Department will independently evaluate the relevance, recency and impact of such acts.

You are encouraged to make a copy of your completed form for your own records (California Labor Code §432). This document is treated as highly confidential document and it becomes a permanent part of your pre-employment background file. It will not be released to any other party without your signed authorization or an order of a competent court.

### **CERTIFICATION OF APPLICANT**

I hereby certify that I have read and understood the instructions for completing this document. I understand that I am solely responsible for the accuracy, completeness and truthfulness of the information contained on this form, and I will personally complete each item contained on this form. I understand any deliberate misstatements or omissions on this form will result in disqualification dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Name: \_\_\_\_\_

Instructions:

Shade time boxes during which you are **UNAVAILABLE** to work. Do not shade the boxes during time when you would prefer not to work. Any boxes not shaded will be assumed to be times you are available to work. SHADE HALF AN HOUR BEFORE AND AFTER CLASS TIMES.

	SUN	MON	TUE	WED	THU	FRI	SAT
0700-0730							
0730-0800							
0800-0830							
0830-0900							
0900-0930							
0930-1000							
1000-1030							
1030-1100							
1100-1130							
1130-1200							
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1930-2000							
2000-2030							
2030-2100							
2100-2130							
2130-2200							
2200-2230							
2230-2300							
2300-2330							
2330-0000							



**Applicant Data**

Name (Last, First, M.I.)

**Ethnic Demographic Information**

<b>Black</b>	<input type="checkbox"/> African American	<b>Pacific Islander</b>	<input type="checkbox"/> Hawaiian
<b>Asian</b>	<input type="checkbox"/> Japanese		<input type="checkbox"/> Samoan
	<input type="checkbox"/> Chinese		<input type="checkbox"/> Guamanian/Chamorro
	<input type="checkbox"/> Korean		<input type="checkbox"/> Other
	<input type="checkbox"/> Vietnamese	<b>Native American</b>	<input type="checkbox"/> American Indian
	<input type="checkbox"/> Asian Indian		<input type="checkbox"/> Aleut
	<input type="checkbox"/> Cambodian		<input type="checkbox"/> Eskimo
	<input type="checkbox"/> Laotian	<b>Hispanic</b>	<input type="checkbox"/> Mexican/Mexican American/Chicano
	<input type="checkbox"/> Other		<input type="checkbox"/> Puerto Rican
<b>Other Non-White</b>	<input type="checkbox"/> Other Non-White		<input type="checkbox"/> Cuban
<b>Filipino</b>	<input type="checkbox"/> Filipino		<input type="checkbox"/> Other
<b>Caucasian</b>	<input type="checkbox"/> Indo-European	<b>Unknown</b>	<input type="checkbox"/> Declines to State

**Licenses, Certificates, and Specialized Skills**

Please list any license, certificates, or special skills related to this position:

**Summary**

Please describe in detail how your experience, knowledge, and abilities qualify you for this position.



**Pre-screening Inquiry**

	<b>Yes</b>	<b>No</b>
Do you have a valid Social Security Card?	<input type="radio"/> Y	<input type="radio"/> N
Do you have a valid California Driver's License?	<input type="radio"/> Y	<input type="radio"/> N
Do you have proof of vehicle insurance?	<input type="radio"/> Y	<input type="radio"/> N
Are you currently taking at least 6.0 units or more at CSUF?	<input type="radio"/> Y	<input type="radio"/> N

If you answered "No" to any of these questions then you are not eligible at this time to submit an application for the Community Service Officer Position. Please complete these steps before applying.

**General**

	<b>Yes</b>	<b>No</b>
1. Are you currently employed?	<input type="radio"/> Y	<input type="radio"/> N
If yes, do you plan to continue at your present job if hired by the Community Service Officer Program	<input type="radio"/> Y	<input type="radio"/> N
2. How many academic units are you taking this semester at CSUF?	_____	
3. Do you have any special training?	<input type="radio"/> Y	<input type="radio"/> N
If yes, what type? CPR, EMT, FCC, Class B, CDL, or _____ exp. Date _____	-	-
4. Are you fluent in any foreign languages to the extent that you could interpret should the need arise?	<input type="radio"/> Y	<input type="radio"/> N
If yes, what language(s)? _____	-	-
5. When are you available to start? _____	-	-
6. Are you able to work up 20 hours (year-round) and 40 hours (Intersession and Summer) per week?	<input type="radio"/> Y	<input type="radio"/> N
7. Are you willing to work nights, weekdays and weekends?	<input type="radio"/> Y	<input type="radio"/> N
8. Are you willing to work during midterms, finals and holidays?	<input type="radio"/> Y	<input type="radio"/> N
9. Do you know anyone in University Police Department?	<input type="radio"/> Y	<input type="radio"/> N
If yes, please provide his/her name. _____	-	-
10. What is your major/minor? Major _____ Minor _____	-	-
11. What is your expected date of graduation? _____	-	-
12. What is your career objective? _____	-	-



**Personal Information**

The following information will be used for certification and contact purposes. Print legibly all information and sign your regular signature where requested.

<b>Your Name:</b>	Last Name	First Name	Middle
<b>Other names, including maiden and nicknames, you have used or been known by:</b>			

<b>Address where you reside:</b>	Number	Street	City	State	Zip
<b>Mailing address (if different):</b>	Number	Street	City	State	Zip

<b>Telephone Numbers:</b>	Residence	Business	Other (fax, cell, pager)
<b>E-mail:</b>			

<b>Birthdate (mm/dd/yyyy):</b>	<b>Social Security Number:</b>
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<b>Driver's License Number:</b>	<b>State:</b>	You must be a United States Citizen or permanent resident alien who is eligible for and has applied for citizenship. Can you meet the citizenship requirement? <input type="radio"/> Yes <input type="radio"/> No
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<b>For Identification purposes, provide the following information:</b>			
Height	Weight	Natural Hair Color	Eye Color
City of Birth	County of Birth	State of Birth	Country of Birth
Blood Type (optional)			



**Relative and References**

List those individuals, including family members and others not already listed, with whom you have resided during the last 10 years.

Name	Relationship	Contact Address (Include city, state & zip code)	Contact Telephone #

**Residence**

Persons who became acquainted with you by reason of your residing in different locations are often helpful in providing useful information for the background investigation.

Please supply the appropriate information for your residences during the last 10 years below (no information is needed prior to your 15<sup>th</sup> birthday). List most current first:

Residence Address	From (mm/yy)	To (mm/yy)	Name, Address and Phone of person who collected rent
		Present	

**Education**

Y  N I possess a High School Diploma from an accredited U.S. Institution, or have passed the G.E.D. test, or have passed the California High School Proficiency Examination.

Where: \_\_\_\_\_ When: \_\_\_\_\_

Y  N I possess a two-year or four-year degree from an accredited college or university.

Where: \_\_\_\_\_ When: \_\_\_\_\_

Y  N Have you ever been suspended or expelled from any education institution?

If yes, explain (include school date and circumstances):



**Education – Continued**

Please list all schools attended. During the background investigation, persons who have known you in a learning environment may be contacted, however a review of your school records will be made.

Name of School	Complete Address – Include City, State, Zip	Dates Attended		Graduated or Certificate
		From (mm/yy)	To (mm/yy)	
				<input type="radio"/> Degree <input type="radio"/> Diploma <input type="radio"/> Certificate
				<input type="radio"/> Degree <input type="radio"/> Diploma <input type="radio"/> Certificate
				<input type="radio"/> Degree <input type="radio"/> Diploma <input type="radio"/> Certificate
				<input type="radio"/> Degree <input type="radio"/> Diploma <input type="radio"/> Certificate

**Financial**

Management of personal finances and the behavior exhibited in meeting your obligations will be evaluated as it pertains to qualifications for the positions.

From your employer, what is your monthly net income?	\$ _____
Do you have any other source of income other than your salary or wages? [ ] Yes [ ] No	\$ _____
Estimated Monthly Expenses (Include all costs from housing, loans, food, gas, entertainment, etc.)	\$ _____

**Please answer the following questions. If yes, provide an explanation of the circumstances on pg 13 or 14.      Yes    No**

1. Do you have any outstanding debts as a result of gambling? ○ Y ○ N
2. Have you ever borrowed money to pay a gambling debt? ○ Y ○ N
3. Have you ever been delinquent on a court order payment? ○ Y ○ N
4. Have you ever defaulted on a loan? ○ Y ○ N
5. Have you ever spend money for any illegal purpose (i.e. prostitution, illegal drugs, ect.)? ○ Y ○ N
6. Have any of your bills ever been turned over to a collection agency? ○ Y ○ N
7. Have you ever filed for or declared bankruptcy? If yes, where, when, the circumstances and what chapter? ○ Y ○ N
8. Have you ever had goods repossessed? If yes, when, which firms involved and the circumstances? ○ Y ○ N
9. Have your wages ever been garnished? If yes, where, when, by whom and why? ○ Y ○ N
10. Have you ever been delinquent on income or other tax payment? If yes, where, when and why? ○ Y ○ N
11. Have you ever served in the armed forces, National Guard, or military reserves? If yes, complete the following: ○ Y ○ N

Branch of Service: \_\_\_\_\_ Service Number: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ to \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Are you currently participating in any military reserve or National Guard program?

Have you ever been the subject of any judicial or non-judicial disciplinary action?

If you are male and were born any time other than in the time frame of April 15, 1957 to January 1, 1960, you must provide your Selective Service Number: \_\_\_\_\_



**Experience and Employment**

Beginning with your most current employment, list ALL JOBS you have had including part-time, temporary and voluntary position. If you have had military experience, which includes reserve duty, include in the "name & address of employer" box your military base, assignments or unit of assignment. **\*\*\*Note: All periods of unemployment, in excess of 30 days must be listed.**

Dates of Employment (mm/yyyy) From: To:	Employer: Address:	Current Supervisor:  Telephone:
<input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Voluntary	Title: Duties:	Co-Worker Names:
Why do you want to leave?		
<input type="radio"/> Military Service <input type="radio"/> Not Employed	From:                      To: From:                      To:	May we contact your employer? <input type="radio"/> Yes <input type="radio"/> No

Dates of Employment (mm/yyyy) From: To:	Employer: Address:	Supervisor:  Telephone:
<input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Voluntary	Title: Duties:	Co-Worker Names:
Why did you want to leave?		
<input type="radio"/> Military Service <input type="radio"/> Not Employed	From:                      To: From:                      To:	May we contact your previous employer? <input type="radio"/> Yes <input type="radio"/> No

Dates of Employment (mm/yyyy) From: To:	Employer: Address:	Supervisor:  Telephone:
<input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Voluntary	Title: Duties:	Co-Worker Names:
Why did you want to leave?		
<input type="radio"/> Military Service <input type="radio"/> Not Employed	From:                      To: From:                      To:	May we contact your previous employer? <input type="radio"/> Yes <input type="radio"/> No

If you have had no prior employment, please explain:

**Professional References**

Name	Position/Title	Contact Number



**Background Investigations**

**Infraction Offenses**

1. If you have committed any of the following infractions within the past seven years or since becoming employed with a public safety agency, please check 'Yes'. If you have not, please check 'No'.

- |   | <b>Yes</b>              | <b>No</b>               |
|---|-------------------------|-------------------------|
| a. Violation of city ordinances?                        | <input type="radio"/> Y | <input type="radio"/> N |
| b. Possession of marijuana (including experimentation)? | <input type="radio"/> Y | <input type="radio"/> N |

**Misdemeanor Offenses**

2. If you have committed any of the following misdemeanor offenses within the past seven years or since becoming employed with a public safety agency, please check 'Yes'. If you have not, please check 'No'.

- |   | <b>Yes</b>              | <b>No</b>               |   | <b>Yes</b>              | <b>No</b>               |
|---|-------------------------|-------------------------|---|-------------------------|-------------------------|
| a. Petty Theft                          | <input type="radio"/> Y | <input type="radio"/> N | m. Drunk in Public                        | <input type="radio"/> Y | <input type="radio"/> N |
| b. Non-sufficient Fund Checks           | <input type="radio"/> Y | <input type="radio"/> N | n. Illegal Gambling                       | <input type="radio"/> Y | <input type="radio"/> N |
| c. Joy Riding                           | <input type="radio"/> Y | <input type="radio"/> N | o. Brandish a Weapon                      | <input type="radio"/> Y | <input type="radio"/> N |
| d. Hit and Run                          | <input type="radio"/> Y | <input type="radio"/> N | p. Possess/Use Altered ID or License      | <input type="radio"/> Y | <input type="radio"/> N |
| e. Possess Alcohol as a Minor           | <input type="radio"/> Y | <input type="radio"/> N | q. Defraud Innkeeper                      | <input type="radio"/> Y | <input type="radio"/> N |
| f. Prostitution                         | <input type="radio"/> Y | <input type="radio"/> N | r. Indecent Exposure                      | <input type="radio"/> Y | <input type="radio"/> N |
| g. Soliciting Prostitute                | <input type="radio"/> Y | <input type="radio"/> N | s. Possess Stolen Property                | <input type="radio"/> Y | <input type="radio"/> N |
| h. Voyeurism                            | <input type="radio"/> Y | <input type="radio"/> N | t. Carry Concealed or Illegal Weapon      | <input type="radio"/> Y | <input type="radio"/> N |
| i. Impersonating Police Officer/Sheriff | <input type="radio"/> Y | <input type="radio"/> N | u. Assault or Battery (Includes fighting) | <input type="radio"/> Y | <input type="radio"/> N |
| j. Making Annoying or Prank Phone Calls | <input type="radio"/> Y | <input type="radio"/> N | v. Hunt or Fish Without License           | <input type="radio"/> Y | <input type="radio"/> N |
| k. Drunk Driving                        | <input type="radio"/> Y | <input type="radio"/> N | w. Other:                                 | <input type="radio"/> Y | <input type="radio"/> N |
| l. Vandalism                            | <input type="radio"/> Y | <input type="radio"/> N |   |                         |                         |

**Felony Offenses**

3. If you have ever committed any of the following offenses, please check 'Yes'. If you have not, please check 'No'.

- |                            | <b>Yes</b>              | <b>No</b>               |   | <b>Yes</b>              | <b>No</b>               |
|----------------------------|-------------------------|-------------------------|---|-------------------------|-------------------------|
| a. Murder                  | <input type="radio"/> Y | <input type="radio"/> N | l. Unlawful Sexual Intercourse                | <input type="radio"/> Y | <input type="radio"/> N |
| b. Rape                    | <input type="radio"/> Y | <input type="radio"/> N | m. Spousal Abuse                              | <input type="radio"/> Y | <input type="radio"/> N |
| c. Robbery                 | <input type="radio"/> Y | <input type="radio"/> N | n. Burglary                                   | <input type="radio"/> Y | <input type="radio"/> N |
| d. Arson                   | <input type="radio"/> Y | <input type="radio"/> N | o. Grand Theft                                | <input type="radio"/> Y | <input type="radio"/> N |
| e. Forgery                 | <input type="radio"/> Y | <input type="radio"/> N | p. Kidnapping                                 | <input type="radio"/> Y | <input type="radio"/> N |
| f. Embezzlement            | <input type="radio"/> Y | <input type="radio"/> N | q. Any Sexual Activity with a Child           | <input type="radio"/> Y | <input type="radio"/> N |
| g. Child Abuse             | <input type="radio"/> Y | <input type="radio"/> N | r. Forcible Sexual Activity                   | <input type="radio"/> Y | <input type="radio"/> N |
| h. Auto Theft              | <input type="radio"/> Y | <input type="radio"/> N | s. Possess Controlled Substance               | <input type="radio"/> Y | <input type="radio"/> N |
| i. Domestic Violence       | <input type="radio"/> Y | <input type="radio"/> N | t. Cultivate/Manufacture Controlled Substance | <input type="radio"/> Y | <input type="radio"/> N |
| j. Hit and Run with Injury | <input type="radio"/> Y | <input type="radio"/> N | u. Aggravated or Felonious Assault            | <input type="radio"/> Y | <input type="radio"/> N |
| k. Credit Card Theft       | <input type="radio"/> Y | <input type="radio"/> N |   |                         |                         |



**General Questions**

- |  | <b>Yes</b>              | <b>No</b>               |
|--|-------------------------|-------------------------|
| 4. Do you own any firearms?<br><b>If yes, please provide the number of firearms and each one's information on page 13 and 14.</b>  | <input type="radio"/> Y | <input type="radio"/> N |
| 5. How many assault style weapons do you own (e.g. Uzi, AR-15, etc.)? If they are required to be registered, initial if you have done so (_____)   | _____                   |                         |
| 6. Have you ever discharged any firearm other than at an approved range, during the course of approved training, while hunting, or during military operation?  | <input type="radio"/> Y | <input type="radio"/> N |
| 7. Have you ever been detained, questioned, investigated, or arrested for suspicion of having committed a criminal act, whether or not you were convicted?   | <input type="radio"/> Y | <input type="radio"/> N |
| 8. Have you ever been questioned as a witness in any criminal investigation?   | <input type="radio"/> Y | <input type="radio"/> N |
| 9. Have you ever been contacted by the police for any reason not previously discussed?<br><b>If yes, please provide an explanation on page 13 or 14.</b>   | <input type="radio"/> Y | <input type="radio"/> N |
| 10. Did you fail to register for the Selective Service?  | <input type="radio"/> Y | <input type="radio"/> N |
| 11. Have you been adjudged as a "Mentally Disordered Sex Offender"?  | <input type="radio"/> Y | <input type="radio"/> N |
| 12. Have you ever carried, either on your person or in your vehicle any type of weapon for protection, other than while you were employed as a peace officer or a member of the military on official duties?   | <input type="radio"/> Y | <input type="radio"/> N |
| 13. Are you currently delinquent on any child support or alimony?  | <input type="radio"/> Y | <input type="radio"/> N |
| 14. Have you ever failed to make or been late in paying any child support obligations you were legally required to make?   | <input type="radio"/> Y | <input type="radio"/> N |
| 15. Do you have any prejudices against any group based upon their race, religion, ethnic origin, or nationality?   | <input type="radio"/> Y | <input type="radio"/> N |
| 16. Have you ever been a member of, or supported financially or otherwise, any organization or group which advocates, advises, or supports the use of force or other unlawful means to deny other persons their rights under the Constitution of the United States or the Constitution of the State of California? | <input type="radio"/> Y | <input type="radio"/> N |
| 17. Did you in any way cheat, lie, or commit fraud during the application or evaluation process or during any portion of the background process?   | <input type="radio"/> Y | <input type="radio"/> N |
| 18. Are you a citizen of the United States?  | <input type="radio"/> Y | <input type="radio"/> N |
| 19. Have you ever been known by any other name other than the one you have used on your Personal History Statement (including any maiden name)?  | <input type="radio"/> Y | <input type="radio"/> N |
| 20. How many physical fights have you been involved in since the age of 18?  | _____                   |                         |
| 21. When was the last time you were involved in a physical fight or altercation?   | _____                   |                         |
| 22. Have you ever slapped, punched, kicked, or otherwise injured any spouse, roommate, or romantic partner?  | <input type="radio"/> Y | <input type="radio"/> N |
| 23. If there is anything else you feel the background investigator should know about you or your experiences, please attached a separate piece of paper with an explanation.   | <input type="radio"/> Y | <input type="radio"/> N |
| 24. Have you ever been an associate or a member of a criminal street gang or tagging crew?   | <input type="radio"/> Y | <input type="radio"/> N |



**Employment History**

- |   | <b>Yes</b>              | <b>No</b>               |
|---|-------------------------|-------------------------|
| 25. Have you ever resigned from employment in lieu of termination or as the result of any allegations of misconduct, whether founded or not?  | <input type="radio"/> Y | <input type="radio"/> N |
| 26. Have you ever resigned to avoid being fired or terminated?  | <input type="radio"/> Y | <input type="radio"/> N |
| 27. Have you ever quit a job without giving proper notice to your employer?   | <input type="radio"/> Y | <input type="radio"/> N |
| 28. Have you ever failed to complete a probationary period for any job?   | <input type="radio"/> Y | <input type="radio"/> N |
| 29. Have you ever taken anything from your employer without authorization?  | <input type="radio"/> Y | <input type="radio"/> N |
| 30. Have you ever received any disciplinary action; including an oral or written reprimand, demotion, denial of merit increase, suspension with or without pay, surrendering earned time off, or any non-judicial punishment? | <input type="radio"/> Y | <input type="radio"/> N |
| 31. Have you ever had any problems with any of your supervisors?  | <input type="radio"/> Y | <input type="radio"/> N |
| 32. Have you ever had any problems with any of your co-workers?   | <input type="radio"/> Y | <input type="radio"/> N |
| 33. Have you ever had any conflicts or problems in your dealings with the public?   | <input type="radio"/> Y | <input type="radio"/> N |
| 34. Have you ever called in sick when you were not ill?   | <input type="radio"/> Y | <input type="radio"/> N |

**Driving Records**

- |   | Yes                     | No                      |
|---|-------------------------|-------------------------|
| 35. Has your automobile insurance ever been cancelled for any reason?   | <input type="radio"/> Y | <input type="radio"/> N |
| 36. Have you ever been refused a driver's license?  | <input type="radio"/> Y | <input type="radio"/> N |
| 37. Have you received a parking citation in the past 2 years?<br>If so, please list the violation(s) and approximate date(s) below. | <input type="radio"/> Y | <input type="radio"/> N |
| 38. Have you been notified that you are responsible for a delinquent parking citation?  | <input type="radio"/> Y | <input type="radio"/> N |
| 39. Have you ever falsified any information on a driver's license or identification card application?                               | <input type="radio"/> Y | <input type="radio"/> N |
| 40. Have you ever had a license issued by another state or country?   | <input type="radio"/> Y | <input type="radio"/> N |
| 41. Has your automobile insurance ever been placed in an assigned risk category?  | <input type="radio"/> Y | <input type="radio"/> N |

**Explanation for "Yes" answers**

Item #



*Continued from page 13*

Item #

**CERTIFICATION**

I HEREBY CERTIFY THAT ALL OF THE ANSWERS PROVIDED AND STATEMENTS MADE IN THIS QUESTIONNAIRE ARE TRUE AND COMPLETE. I UNDERSTAND THAT ANY MISSTATEMENTS OF MATERIAL FACT, OMISSIONS, INCOMPLETE ANSWERS, OR INACCURATE RESPONSES WILL RESULT IN DISQUALIFICATION OR DISMISSAL.

I UNDERSTAND THE UNIVERSITY WILL VERIFY ALL OF MY EMPLOYMENT REFERENCES AS A CONDITION OF AN OFFER OF EMPLOYMENT. I FURTHER UNDERSTAND THAT, IF OFFERED A POSITION, I MUST COMPLETE A FINGERPRINTING AND SUBMISSION OF DOCUMENTS THAT CERTIFY MY ELIGIBILITY TO WORK IN THIS COUNTRY.

I HEREBY FUTHER CERTIFY THAT I HAVE PERSONALLY COMPLETED THIS FORM AND ANY SUPPLEMENTAL PAGES ATTACHED AND THAT ALL STATEMENTS MADE ON EACH AND EVERY PAGE 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 APPOINTMENT.

**Signature**

**Date**

**Print Name**



**CONFIDENTIALITY AGREEMENT**

Confidentiality

1. I understand that the Community Service Officer Program is an integral part of this department.
2. I understand that during the course of my employment, I may be exposed to or have access to confidential information related to the criminal justice system, law enforcement operations, or other restricted or sensitive information; including comments, reports and other documents.
3. I understand that any unauthorized use or disclosure of such information for other than legitimate law enforcement purposes is expressly prohibited.
3. I understand that any violation of this Agreement, or of confidentiality in general, may be cause for disciplinary action, including termination.

System Security

1. The criminal justice information stored and transmitted through local, state, and federal law enforcement computer systems is sensitive and legally protected.
2. Access and disclosure is restricted to duly authorized criminal justice agencies on a need to know basis.

System Discipline

1. Local, state, and federal computer systems are to be used exclusively for the transmission of official transactions relevant to law enforcement operations. All transactions are logged, stored, and reviewed at their respective computer centers.
2. The use of these systems for mass vehicle registration and operator information checks is not permitted and will not be tolerated.
3. All transactions are covered by federal and state privacy laws and regulations and as such are closely monitored.

Access to law enforcement computer systems for personal or non-law enforcement use or disclosure is strictly prohibited. Any use or disclosure of information requested and/or received through any law enforcement computer system or database for purposes other than legitimate law enforcement inquiries is expressly prohibited. Any prohibited use or disclosure of information will be considered a violation of the policies, rules, and procedures of this department and the respective local, state, and federal computer systems. The violator will be subject to possible termination of employment and criminal prosecution.

This Agreement shall not be construed to prevent me from discussing the general nature of my work as a Community Service Officer, or the public service provided by this Department. However, under no circumstance may I reveal any confidential information. In consideration of having been selected by this department as an authorized operator of law enforcement computer systems.

**I have read, understood, and my signature below acknowledges my agreement to comply with the above listed policies and rules.**

<b>Applicant's Certification:</b>	Accept	Decline
<b>Signature:</b>	<b>Date:</b>	
<b>Print Name:</b>		







California State University, Fullerton  
University Police  
800 N. State College Blvd., UPD  
Fullerton, CA 92834  
Tel (657) 278-7286

**AUTHORIZATION TO OBTAIN DRIVING RECORDS FROM THE  
DEPARTMENT OF MOTOR VEHICLES**

**Please complete form and return to University Police, UPD.**

**FULL NAME** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_  
Last First MI mm/dd/yyyy

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**CALIFORNIA**  
**DRIVERS LICENSE NUMBER** \_\_\_\_\_

**DRIVERS LICENSE EXPIRATION DATE** \_\_\_\_\_  
mm/dd/yyyy

**CAMPUS INFORMATION:**

**CWID** \_\_\_\_\_

**CHECK ONE:** [ ] **FACULTY/STAFF** [ ] **AUXILLARY** [ ] **STUDENT** [ ] **VOLUNTEER**

**DEPARTMENT** \_\_\_\_\_ **EXTENSION** \_\_\_\_\_

**SUPERVISOR** \_\_\_\_\_ **EXTENSION** \_\_\_\_\_