



Student Employee Benefits

- Community Service Officer Pay Range: \$18-\$20 per hour; we work around your class schedule
- Students can obtain a F/S parking permit after purchasing a student permit.
- Regardless of the field of study, the CSO Program provides an opportunity to serve SDSU's diverse campus community in a manner that creates actionable real-world experience to bolster any resume.
- SDSU Police Department provides the unique opportunity to learn about the functions and actions of a police department in consideration and in partnership with the community it serves.
- Promotional Opportunities (Field Training Officer, Supervisor)
- Access to professional training: CSOs are trained in all shift work through an established phase training program led by CSO FTOs which covers all shift responsibilities. CSOs have access to voluntary law enforcement training through our CSO Academy.

Community Services Officer

The primary duty of the CSO is to observe and report suspicious activities or incidents to the University Police Department. CSOs act as a force multiplier and extension of the University Police Department in ensuring the safety of those who study, work, and visit SDSU.

CSOs are SDSU students who are trained to use police radios and in the proper protocols in reporting criminal behavior, mitigating risk to both SDSU students as an extension of the University Police Department. CSOs serve the campus community and engage in community policing efforts, strengthening the tie between UPD and the campus community. CSOs participate in departmental trainings such as implicit bias and procedural justice training and understand the mission of providing fair and equitable services to everyone.

CSOs provide services using a variety of methods including marked vehicle, bicycles, cart, and on foot. CSOs perform traffic control, enforce parking regulations, write reports, security services, unlock campus facilities, drive shuttles, work desk shifts, support police and professional staff, and assist in building evacuations and other tasks during emergency operations.

Qualifications

Eligibility: Must be a current SDSU student, carrying 6 units of coursework with a 2.0 GPA or above. *Extended Studies Students do not qualify.*

Experience: Knowledge of the campus community, campus buildings and parking areas. Customer Service experience or the ability to communicate well within a diverse organization and workplace.

Abilities: To maintain a pleasant, courteous, interested, helpful, and positive attitude always, particularly in stressful situations where de-escalation is required; to be adaptable to work during stressful situations, rotating shifts, late hours, and weekends. To follow prescribed policies, procedures, and orders while executing good and reasonable judgement.

Required: Valid California Driver's license and must be able to pass a background investigation check (Live Scan fingerprints, DMV check, detailed background investigation check)





APPLICATION INSTRUCTIONS AND OVERVIEW

The information you provide in this Personal History Statement has been approved in accordance to 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 black or blue 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.
- UPON COMPLETION, SCAN AND SEND YOUR FORM TO CSO@SDSU.EDU OR DROP THE FORM OFF IN PERSON AT SDSU POLICE DEPARTMENT LOCATED AT 5350 55TH ST, SAN DIEGO, CA 92182

Background Investigation

Please read and answer all the questions in the Background Investigations Questionnaire. You are admonished to answer all 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. Student Assistants support the University Police Department, employees must demonstrate integrity and credibility, your responses to these questions will be evaluated and considered in relationship to your entire background.

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 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.

Autobiography

You are required to handwrite an autobiography with your background package.

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

Required Documentation

The following documents are required, where applicable, and will be requested upon review of your application. Bring the original documents with you, they will be photocopied and returned. Photocopied documents will not be accepted under any circumstances.

- Social Security Card (International Students see below)
- US Driver's License
- Two professional references

International Students meet eligibility requirements if they meet university requirements of being fully enrolled, attending SDSU on a full-time basis, and possess either a J-1 or F-1 student visa. International students may work up to 20 hours per week during





the semester when in school is in session and up to 40 hours during the summer session provided completion of the previous spring semester and will be attending SDSU the following fall semester.

CSO 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 subjects 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 COMMUNITY SERVICE OFFICER. I further recognize that an employing agency has both a legal and a moral obligation to take every reasonable effort to ensure that any person employed by them as a COMMUNITY SERVICE OFFICER will conform to the very highest standards. I understand that I am authorizing investigations 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, form 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 the 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 my rights I may have to examine, review, or to otherwise discover contents of this investigations and all documents related thereto pursuant to Labor Code Section 1198.5 or other legislation, whether by request, appeal, grievance, or legal process. Having been hired by the San Diego State University Police Department – Community Service Officer 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.

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.





Name (Last/First):	Signature:	Date:
Applicant Name:		

Employee Scheduling

Instructions: Check off boxes during which you are **UNAVAILABLE** to work. Do not check the boxes during time when you would prefer not to work. Any boxes not checked will be assumed to be times you are available to work. CHECK HALF AN HOUR BEFORE AND AFTER CLASS TIMES. Applicants must turn in a current copy and future copies of course schedules upon request and in submission of this application.

	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							
1200-1230							
1230-1300							
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1730-1800							
1800-1830							
1830-1900							
1900-1930							





1930-2000				
2000-2030				
2030-2100				
2100-2130				
2130-2200				
2200-2230				
2230-2300				
2300-2330				
2330-0000				





Personal Information

The following information will be used for certification on and contact purposes. Please fill out all information correctly and include your signature where requested. Please list your legal last name on the first line as identified on your Red ID.

Your Name:	Name: Last Name			Middle
Other names, including maiden and nick	names, you have used or been know	n by:		
Address where you reside: Number	r Street	City	State	Zip
Mailing address (if different): Number	r Street	City	State	Zip
Telephone Numbers: Residence	Bus	iness	Othe	er (fax, cell, pager)
SDSU Student Email:				
Birthdate (mm/dd/yyyy):			Social Security Numbe	r:
Driver's License Number:	State:		d States Citizen or perma d has applied for citizen ement?	
For Identification purposes, provide the f	ollowing information:			
Height	Weight	Natural Hair Coloi	r	Eye Color
City of Birth	County of Birth	State of Birth		Country of Birth
Blood Type (optional)				

7

Experience and Employment

Beginning with your most current employment, list ALL JOBS you have had including part- me, 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	Employer:	Current Supervisor:
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UPD REV: 12/21

(mm/yyyy)	Address:		
From:			Telephone:
To:			•
o Full- me	Title:		Co-Worker Names:
o Part- me	Duties:		
Voluntary			
Why do you want to leav	ve?		
o Military Service	From:	To:	May we contact your employer?
o Not Employed	From:	To:	o Yes o No
Dates of Employment	Employer:		Supervisor:
(mm/yyyy)	Address:		
From:			Telephone:
To: o Full- me	Title		Ca Markan Naması
	Title:		Co-Worker Names:
o Part- me o Voluntary	Duties:		
Why did you want to lea	ive?		
o Military Service	From:	То:	May we contact your previous
o Not Employed	From:	То:	employer? • Yes • No
Dates of Employment	Employer:		Supervisor:
(mm/yyyy)	Address:		
From:			Telephone:
То:			
o Full- me	Title:		Co-Worker Names:
o Part- me o	Duties:		
Voluntary			
Why did you want to lea	ve?		
o Military Service	From:	To:	May we contact your previous
o Not Employed	From:	То:	employer? • Yes • No
If you have had no prior of	emnlovment inlease evn	lain·	

Professional References

Applicant Initials:

Name	Position/Title	Contact Number





Pre-se	creening Inquiry	Yes	No
1.) [o you have a valid Social Security Card?	ΟΥ	0 N
2.) [o you have a valid California Driver's License?	οΥ	0 N
3.) [Do you have proof of vehicle insurance?	οΥ	0 N
4.) A	are you currently taking at least 6.0 units or more at SDSU?	οΥ	0 N
-	ou answered "No" to any of these questions then you are not eligible at this me to submit an application imunity Service Officer Position. Please complete these steps before applying.	n for the	
Gener	al	Yes	No
1.	Are you currently employed?	ОΥ	0 N
lf [,]	yes, do you plan to continue at your present job if hired by the Community Service Officer Program	ОΥ	0 N
2.	How many academic units are you taking this semester at SDSU?		
3.	Do you have any special training?	ОΥ	0 N
	If yes, what type? CPR, EMT, FCC, Class B, CDL, or exp. Date	oy	- 1
4.	Are you fluent in any foreign languages to the extent that you could interpret should the need arise?	ОҮ	0 N
	If yes, what language(s)?		_
5.	When are you available to start?	οΥ	0 N
6.	Are you able to work up 20 hours (year-round) and 40 hours (Intersession and Summer) per week?	ο Υ	0 N
7.	Are you willing to work nights, weekdays and weekends?	ο Υ	0 N
8.	Are you willing to work during midterms, finals and holidays?	ο Υ	0 N
9.	Do you know anyone in University Police Department?	-	-
	If yes, please provide his/her name		_
10.	What is your major/minor?	-	-
11.	What is your expected date of graduation?	-	-
12.	What is your career objective?		

Background Investigation

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 exempted by state or federal law.

1.) Have you ever been convicted of any misdemeanor or felony in this state or any other state? (If yes, explain	Yes	No
below: Include Approximate Date, Charge, Arresting or Detaining Agency, and the Disposition or Penalty)	οΥ	οN





Approximate Date:	Detaining or Arresting Agency:	
Charge:		
Disposition or Penalty:		
Approximate Date:	Detaining or Arresting Agency:	
Charge:		
Disposition or Penalty:		
Approximate Date:	Detaining or Arresting Agency:	
Charge:		
Disposition or Penalty:		





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 drug	gs.

		Yes	No
1.)	Have you ever used any illegal drugs?	ОΥ	0 N
2.)	Have you ever used marijuana?	οΥ	0 N
3.) doctor	Have you ever used prescription drugs or non-prescription drugs in a manner other than directed by a or physician?	οΥ	0 N
If you	have answered "Yes" to any of the above questions, provide details, including drug(s) used, where, when arence to corresponding numbers:	nd circums	tances-
Prio	r to the past six months (check all that apply)		
A.)I	have never used any drug in a recreational manner.		0
	have tried or used one or more drugs, but only under limited circumstances (for example, experimentation, ecial events, etc.	at parties	s, O
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





Traffic Citations

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

A.)	Date Violation Occurred:	Violation:		
	Location (Street, City, State)	Action Taken:	Not Guilty Traffic School	Fined Dismissed
В.)	Date Violation Occurred:	Violation:		
	Location (Street, City, State)	Action Taken:	Not Guilty Traffic School	Fined Dismissed
C.)	Date Violation Occurred:	Violation:		
	Location (Street, City, State)	Action Taken:	Not Guilty Traffic School	Fined Dismissed

FOR EMPLOYER ONLY. DO NOT WRITE BELOW THIS LINE





En	nploy	ment History	Yes	No
	1.)	Have you ever been involved in an incident of workplace violence?	ΟY	0 N
	2.)	Have you ever quit a job without giving proper notice to your employer?	ОΥ	0 N
	3.)	Have you ever failed to complete a probationary period for any job?	ОΥ	0 N
	4.)	Have you ever taken anything from your employer without authorization?	ΟΥ	0 N
	5.) meri	Have you ever received any disciplinary action; including an oral or written reprimand, demotion, denial of it increase, suspension without pay, surrendering earned time off, or any non-judicial punishment?	οΥ	0 N
	6.)	Have you ever had any problems with any of your supervisors?		
	7.)	Have you ever had any problems with any of your co-workers?	ОΥ	0 N
	8.)	Have you ever been found to have discriminated against a co-worker, superior, subordinate, or customer	ОΥ	0 N
		ual harassment, racial bias, etc.)	οΥ	0 N
	9.)	Have you ever released, sold, or given away legal confidential information?		
	·		οΥ	οN
Dri	ving	Record		
	10.)	Has your automobile insurance ever been canceled for any reason?	Yes	No
	11.)	Have you ever been refused a driver's license?	ОΥ	0 N
	12.)	Have you been involved as the driver in a motor vehicle accident within the past 7 years?	ОΥ	0 N
	13.)	Have you ever been arrested and/or convicted of driving under the influence of drugs or alcohol?	ОΥ	οN
	14.)	Have you ever falsified information on a driver's license or identification card application?	οΥ	0 N
	15.)	Have you ever driven a vehicle without auto insurance, as required by law?	ογ	0 N
	16.)	Has your automobile insurance ever been placed in an assigned risk category?		
			ОΥ	0 N
			ОΥ	0 N

Directions: The applicant will list all answers responded to with a "yes" by question number in the left column, then will provide an explanation of the circumstances and any details deemed relevant by the applicant.





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
Signature	Date

14

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.
- 4. I understand that any viola on of this Agreement, or of confidentiality in general, may be cause for disciplinary ac on, including termination, financial penalty, or legal prosecution as established by law.

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 viola on 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.

Applicant's Certification:	Accept	Decline
Signature:		Date:
Print Name:		

15

AUTOBIOGRAPHY

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 CSO Program.
- c.) Add why you are qualified to be a Community Service Officer. Include extracurricular activities, volunteer work, and leadership positions that you have held in the past.

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

Use the following pages to write your response. If more is needed, reprint page #17 as many times as needed.				

Applicant Initials: UPD REV: 12/21

16





17	
∸ /	





Applicant Initials:





Applicant Initials:





I certify that I typed the above autobiography and the information I provided is true and accurate knowledge. I understand any deliberate misstatements or omissions on this form will result in dis	
Signature:	Date:
Print Name:	

San Diego State University Police Department 5500 Campanile Drive, San Diego, CA 92182-4390 Tel (619) 594-3424-Ops

AUTHORIZATION TO OBTAIN DRIVING RECORDS FROM THE DEPARTMENT OF MOTOR VEHICLES

Please complete the following sections below.

FULL NAME		BIRTHDATE			
Last	First	MI	mm/dd/yyyy		
ADDRESS					
CITY	STATE		ZIP		
CALFORNIA DRIVERS LICENSE NUN	ИВЕR				
DRIVERS LICENSE EXP	PIRATION DATE	mm/dd/yyyy			
CAMPUS INFORMATIO	N:				
CWID					
CHECK ONE: []FACUI	TY/STAFF []AUX	ILLARY []ST	TUDENT []VOLUNTEER		
DEPARTMENT		EXTENSION_			
SUPERVISOR		EXTENSION			

UPON COMPLETION, YOUR APPLICATION WILL BE SUBMITTED TO:

San Diego State University Police Department 5500 Campanile Drive San Diego, CA 92182-4390

or may be scanned and emailed to cso@sdsu.edu