

DO NOT SIGN OR DATE FORMS

Print one sided only

**City of San Diego
Personnel Department
Pre-Employment Questionnaire**

READ THIS WARNING CAREFULLY

Answer the questions below honestly and completely. False or incomplete information may be cause for your disqualification or dismissal.

If deemed necessary, this questionnaire may be forwarded to the City's medical provider for further review and evaluation.

Date: _____

Name: _____ Other Names Used: _____

Social Security No.: _____ Date of Birth: _____ Age: _____

Title of Position: _____ Department: _____

Telephone: () _____ Email: _____

1. In the past 30 days, have you used any illegal drug or prescription drug **NOT** prescribed to you?

(THIS QUESTION IS **NOT** ASKING FOR INFORMATION ABOUT YOUR USE OF CANNABIS/MARIJUANA. However, illegal drugs generally include those controlled substances listed in any schedule in California Health and Safety Code sections 11054 through 11058 when not prescribed by a licensed health care provider.)

☐ Yes ☐ No

If yes, Type(s): _____

Frequency: _____

Date(s) last used: _____

2. Do you have any physical or mental limitation that may interfere with the performance of the duties of this position? ☐ Yes ☐ No If yes, please explain all relevant limitations.

I certify that the information provided above is true and complete to the best of my knowledge and belief. I consent to the consideration and use of the information provided in regard to my employment with the City of San Diego. I understand that falsification or omission of information may be cause for disqualification or dismissal.

DATE

SIGNATURE



City of San Diego
PERSONNEL DEPARTMENT

REQUEST FOR LIVE SCAN SERVICE

(PLEASE PRINT) LAST NAME FIRST NAME MIDDLE NAME SUFFIX

☐ MALE ☐ FEMALE
☐ NONBINARY/UNSPECIFIED

HAIR COLOR

EYE COLOR

HEIGHT

WEIGHT

PLACE OF BIRTH (CITY AND STATE)

COUNTRY OF CITIZENSHIP

OTHER NAMES (INCLUDING MAIDEN AND ALIASES)

CLASSIFICATION / JOB TITLE

DEPARTMENT NAME

HOME STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBERS (INCLUDING AREA CODE)

HOME:

WORK:

SOCIAL SECURITY NUMBER

DATE OF BIRTH

MINOR (under 18)

☐ YES ☐ NO

CALIFORNIA DRIVER'S LICENSE NUMBER

OTHER TYPE OF ID AND NUMBER

HAVE YOU PREVIOUSLY BEEN FINGERPRINTED IN THIS OFFICE BEFORE ☐ YES ☐ NO

I HAVE RECEIVED AND READ THE INCLUDED PRIVACY NOTICE, PRIVACY ACT STATEMENT, AND APPLICANT'S PRIVACY RIGHTS.

APPLICANT SIGNATURE: _____

DATE: _____

PERSONNEL DEPARTMENT CONTACT:

Testing • Phone (619) 236-6686

FINGERPRINTING LOCATION:

Civic Center Plaza • 1200 Third Avenue, Suite 101

FOR PERSONNEL DEPARTMENT USE ONLY

OCA Number

C1 – Current Classified

N1 – New Classified

V1 – Park & Rec Volunteer

C2 – Current Unclassified

N2 – New Unclassified

CN1 - Contractor

ATI #

Original ATI #

Activity Type:

☐ RESUBMIT

Date of Resubmission:

Applicant ORI

☐ Employment

☐ License, Certification, Permit

☐ Park & Rec Volunteer

Mail Code

Transmitted to:

☐ DOJ Only

☐ Local Port Only

☐ DOJ and Local Port

Live Scan completed by: _____

Date: _____

Data Entry completed by: _____

Date: _____



REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

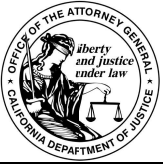
Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170



REQUEST FOR LIVE SCAN SERVICE

Privacy Act Statement

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



REQUEST FOR LIVE SCAN SERVICE

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

¹ Written notification includes electronic notification, but excludes oral notification

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b)

⁴ See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)

CITY OF SAN DIEGO CIVIL SERVICE COMMISSION
AN EQUAL OPPORTUNITY EMPLOYER

CONVICTION RECORD FORM

READ CAREFULLY!

IMPORTANT: BEFORE COMPLETING THIS FORM READ THE FOLLOWING INFORMATION:

A CONVICTION RECORD IS NOT NECESSARILY A BASIS FOR DISQUALIFICATION. YOUR CONVICTION RECORD WILL BE EVALUATED IN RELATION TO THE JOB YOU HAVE BEEN TENTATIVELY OFFERED. **FALSE ANSWERS AND/OR FAILURE TO LIST ALL CONVICTIONS IS CAUSE FOR DISQUALIFICATION OR DISCHARGE FROM CITY EMPLOYMENT.**

YOU WOULD MOST LIKELY HAVE A CONVICTION IF YOU WERE FINED (PAID OR SUSPENDED), SENTENCED TO JAIL OR PROBATION, REQUIRED TO ATTEND A DIVERSION OR TRAINING PROGRAM, PERFORMED PUBLIC SERVICE, OR PAID RESTITUTION. **PLEASE COMPLETE BOTH SIDES OF THIS FORM.**

Last Name _____ First Name _____ Middle Initial _____

Title of Position You Have Been Selected For _____

Other Names Used (Aliases, Maiden Name, etc.) _____

Social Security # _____ Birthday (MM/DD/YYYY) _____ Phone # _____

Address _____ Apt/Unit# _____

City _____ State _____ Zip Code _____

FOR PERSONNEL DEPARTMENT USE ONLY

Initials _____

Date _____

☐ Approved

☐ Disqualified: ☐ Records ☐ Falsification

DOJ/FBI PRINT DATE: _____

DOJ: _____ CLEAR: _____ NOTCLEAR: _____

FBI: _____ CLEAR: _____ NOT CLEAR: _____

☐ APPROVED ☐ DISQUALIFIED

☐ ALL POSITIONS ☐ THIS POSITION ONLY

COMMENTS: _____

Backgrounds Administrator: _____ Date _____

List **ALL** of your convictions or pending criminal charges. If you have any doubts whether you have a conviction, you should list it. If you have any questions, a Background Analyst is available to help you.

If you need more space, list the rest of your convictions on additional sheets.

If you are not sure this is a complete record, you should go to the court where you appeared to request your records and/or to the police department to run a record check in jurisdiction where the offense was committed.

<input type="checkbox"/> I have NO convictions or pending criminal charges	<input type="checkbox"/> I have one or more conviction(s) and/or pending criminal charges as listed below:		
<input type="checkbox"/>	MISDEMEANOR CONVICTIONS (Examples of Misdemeanors include but are not limited to: DUI, Reckless Driving, Driving without a License, Suspended License, Petty Theft, Trespassing, Disturbing the Peace, Obstruction of Justice, Vandalism, Inflict Corporal Punishment, Domestic Violence, etc.)		
DATE OF OFFENSE	CITY/STATE/COUNTRY	CHARGE(S)	WHAT WAS THE SENTENCE OR PENALTY: Fine, Jail Sentence, Court Arraignment
<input type="checkbox"/>	FELONY CONVICTIONS (Examples of Felonies include but are not limited to: Robbery, Grand Theft, Welfare Fraud, Assault and Battery, Possession or Sale of Controlled Substances, Burglary, Forgery, etc.)		
DATE OF OFFENSE	CITY/STATE/COUNTRY	CHARGE(S)	WHAT WAS THE SENTENCE OR PENALTY: Fine, Jail Sentence, Court Arraignment
This information is <u>true</u> and <u>complete</u>. I understand that false or incomplete information is cause for disqualification or discharge from City Employment.			
APPLICATION CONVICTION RECORD STATEMENT Choose the applicable statement.			
<input type="checkbox"/> I have NO misdemeanor conviction(s), felony convictions(s) or pending criminal charge(s). I understand that the City of San Diego will run a background check on me.			
<input type="checkbox"/> YES, I have conviction record(s) and/or pending criminal charge(s) as I have listed. I understand that the City of San Diego will run a background check on me.			
Signature: _____		Date: _____	

1. Fingerprints submitted will be used to check the criminal history records of the FBI.
2. Procedures for obtaining a copy of FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.33 or go the to the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>.
3. Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.