



# FRESNO STATE POLICE DEPARTMENT

## TRAFFIC OPERATIONS

2311 E Barstow Ave, M/S PO14    (559) 278-2950  
 Fresno, CA 93740    (559) 278-7538 (fax)

### EMPLOYMENT APPLICATION STUDENT ASSISTANT

PERSONAL INFORMATION			
LAST NAME	FIRST NAME	M.I.	
STREET ADDRESS	CITY, STATE, ZIP		
PHONE NUMBER	EMAIL ADDRESS <span style="font-size: small; text-align: center;">@MAIL.FRESNOSTATE.EDU</span>	STUDENT I.D. #	
ANTICIPATED GRADUATION DATE	DO YOU HAVE A DUI OR ANY POINTS ON YOUR DRIVING RECORD? <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE #	STATE
IF YES, PLEASE EXPLAIN:			
CHECK ALL DETAILS YOU ARE INTERESTED IN WORKING			
<input type="checkbox"/> ESCORT, SAFETY DETAIL <input type="checkbox"/> PARKING FRONT COUNTER <input type="checkbox"/> LIVE SCAN <input type="checkbox"/> ESCORT, SCOUT DETAIL <input type="checkbox"/> CAMERA OPERATOR			
HOW DID YOU HEAR ABOUT THIS JOB?			
LAW ENFORCEMENT EXPERIENCE			
PLEASE LIST ANY PRIOR LAW ENFORCEMENT EXPERIENCE			
EMPLOYER		DATE OF EMPLOYMENT	
SUPERVISOR NAME AND TITLE		PHONE NUMBER	
JOB TITLE AND DUTIES/RESPONSIBILITIES			
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REASON FOR LEAVING			
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**PREVIOUS WORK HISTORY**

**EMPLOYER #1**

EMPLOYER	DATE OF EMPLOYMENT
SUPERVISOR NAME AND TITLE	PHONE NUMBER
JOB TITLE AND DUTIES/RESPONSIBILITIES	
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REASON FOR LEAVING	
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**EMPLOYER #2**

EMPLOYER	DATE OF EMPLOYMENT
SUPERVISOR NAME AND TITLE	PHONE NUMBER
JOB TITLE AND DUTIES/RESPONSIBILITIES	
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REASON FOR LEAVING	
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**EMPLOYER #3**

EMPLOYER	DATE OF EMPLOYMENT
SUPERVISOR NAME AND TITLE	PHONE NUMBER
JOB TITLE AND DUTIES/RESPONSIBILITIES	
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REASON FOR LEAVING	
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**PROFESSIONAL REFERENCES**

LIST THREE (3) PROFESSIONAL REFERENCES (NOT RELATED TO YOU)

NAME	PHONE NUMBER	RELATIONSHIP
NAME	PHONE NUMBER	RELATIONSHIP
NAME	PHONE NUMBER	RELATIONSHIP

**ADDITIONAL INFORMATION**

LIST ANY SPECIAL TRAINING OR SKILLS THAT MAY HELP YOU IN THIS POSITION

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LIST ALL JOBS, EXTRA-CURRICULAR ACTIVITIES, AND COMMITMENTS THAT MAY AFFECT YOUR SCHEDULE

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**IMPORTANT: ATTACH A COPY OF THE FOLLOWING WITH YOUR APPLICATION**

- UPCOMING SEMESTER CLASS SCHEDULE**
- RESUME**

## AVAILABILITY

-PLEASE MARK AN "X" IN EACH ONE HOUR BLOCK THAT YOU ARE AVAILABLE TO WORK

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
0700							
0800							
0900							
1000							
1100							
1200							
1300							
1400							
1500							
1600							
1700							
1800							
1900							
2000							
2100							
2200							
2300							

I CERTIFY THAT THE FORGOING INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_