

Title of Position Applying for: _____

The San Diego and Imperial Counties Internship Programs**CONFIDENTIAL CONVICTION QUESTIONNAIRE
AND NOTICE OF FINGERPRINT REQUIREMENTS**

The information that you are asked to share on this form is confidential. It is separated from, and not retained with, your application package; it is not seen by those who make decisions. The completion of this form is **MANDATORY**. Failure to complete this form will result in your application being disqualified. The California Education Code requires, in part, that community college districts shall not employ or retain in employment persons in public school service who have been convicted of any felony, misdemeanor drug charge or misdemeanor moral turpitude (sexual offense) crime. A conviction for other crimes may not necessarily disqualify the applicant from the job for which you may be applying.

NOTICE OF FINGERPRINT REQUIREMENTS: Everyone who is offered employment in an academic and classified position, an hourly assignment, or as an intern is required to submit a set of fingerprint cards for a background check.

PLEASE PRINT

1. Last Name _____ First Name _____ Middle Name _____

2. Alias Name (Also known as) _____

3. Birthdate _____ Social Security Number _____

4. HAVE YOU EVER BEEN CONVICTED OF ANY FELONY, A MISDEMANOR DRUG CHARGE, OR A MISDEMEANOR MORAL TURPITUDE (SEXUAL OFFENSE) CRIME?

NO _____ YES _____ IF YES, PLEASE LIST BELOW.

A. Code Violation Section Number: _____ Date of Arrest: _____

Convicted of: _____

Place/City of Occurrence: _____

Disposition/Outcome: _____

B. Code Violation Section Number: _____ Date of Arrest: _____

Convicted of: _____

Place/City of Occurrence: _____

Disposition/Outcome: _____

C. Code Violation Section Number: _____ Date of Arrest: _____

Convicted of: _____

Place/City of Occurrence: _____

Disposition/Outcome: _____

IF ADDITIONAL SPACE IS REQUIRED, PLEASE PROVIDE THE INFORMATION ON THE BACK OF THIS FORM OR ATTACH ADDITIONAL SHEETS OF PAPER.

I hereby certify that all statements on this form are true and complete to the best of my knowledge and belief. I hereby authorize the San Diego Regional Faculty Internship Project to verify police records, and I have read and understand the fingerprint requirements noted above. If employed, I understand that any untrue statements on the above record may be considered grounds for termination.

SIGNATURE _____ DATE _____