



## **CSCEP 2009-2010 Recruiting Time Line**

### **Fall Semester**

#### **Students Graduating December 2010-August 2011**

<b>Sept. 1-Oct. 2, 2009</b>	<b>Campus Recruiting Period</b> <i>Send application materials to Dr. Bob Marsh, CJ Internship/Fieldwork Coordinator, <a href="mailto:bmarsh@boisestate.edu">bmarsh@boisestate.edu</a></i>
<b>Oct.7, 2009</b>	<b>Applications due from CSCEP Coordinator to USMS CSCEP Manager</b>
<b>Oct. 8-19, 2009</b>	<b>Review of Applications Notification of Results Scheduling of Interviews</b>
<b>Oct. 26-Dec. 4, 2009</b>	<b>Interviews Conducted</b>
<b>Nov. 2, 2009</b>	<b>Pre-employment Process Begins</b>

**APPLICATION INSTRUCTIONS AND CHECK LIST  
FOR THE  
UNITED STATES MARSHALS SERVICE  
CENTRALIZED STUDENT CAREER EXPERIENCE PROGRAM  
(CSCEP)**

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This package contains forms to be completed and submitted to your cooperative education program representative. You must submit all documents requested. Incomplete applications and applications without the CSCEP representative's signature will not be accepted.

- CSCEP Student Information Form. Complete.
- Race and National Origin Identification, SF-181. Complete.
- Driving Record of Deputy U.S. Marshal Candidate, Form USM-284. Complete, sign and date
- DOJ Form 555. Disclosure and Authorization pertaining to Consumer Reports Pursuant to the Fair Credit Reporting Act. Complete, sign and date.
- Lautenburg Amendment Form. Complete, sign and date.
- Illegal Drug Use Questionnaire for Applicants. Complete, sign and date.
- Declaration for Federal Employment. Complete, sign and date item 17/17a.
- Resume.** (5 copies) include your social security number, date of birth, and statement indicating U.S. citizenship.
- Official Transcript.**
- Major GPA.** A letter from the school registrar or career advisor (**on school letterhead**) stating your GPA in your major.

**Student Instructions:**

- All applications must be typed, signed, and dated.
- Do not** submit letters of recommendations, pictures, certificates, or application instructions.
- Proof of citizenship must be submitted if you were born outside of the United States.
- You must submit a letter verifying your major field grade point average.
- You must submit an official transcript verifying your cumulative grade point average.

**Certification that application has been reviewed:**

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**CSCEP Representative Signature:**

**Date:**

***PLEASE NOTE: Unless the fillable forms contained in this application package are completed using Adobe Standard or Professional, you are advised to print the completed forms on your local printer before exiting the file. Filled in content cannot be saved if you are using the freeware Adobe Acrobat Reader.***

**United States Marshals Service  
Centralized Student Career Experience Program (CSCEP)  
Student Information Form**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

\_\_\_\_\_

**Current Telephone #s: Home** \_\_\_\_\_ **Work** \_\_\_\_\_

**Mobile** \_\_\_\_\_ **Pager** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Permanent Address (if different from above):** \_\_\_\_\_

\_\_\_\_\_

**Permanent Telephone # (if different from above):** \_\_\_\_\_

**Name of College/University:** \_\_\_\_\_

**Major Field of Study:** \_\_\_\_\_

**Anticipated Graduation Date:** \_\_\_\_\_

**Classification:** \_\_\_\_\_ **Junior** \_\_\_\_\_ **Senior (check one)**

# RACE AND NATIONAL ORIGIN IDENTIFICATION

*(Please read the instructions and Privacy Act Statement before completing form)*

Agency Use Only	Name (Last, First, Middle Initial)	Social Security Number	Birthdate (Month & Year)
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## Privacy Act Statement

You are requested to furnish this information under the authority of 42 USC §2000e-16, which requires that Federal employment practices be free from discrimination and provide equal employment opportunities for all. Solicitation of this information is in accordance with Department of Commerce Directive 15, "Race and Ethnic Standards for Federal Statistics and Administrative Reporting."

This information will be used in planning and monitoring equal employment opportunity programs and to identify employees for inclusion in skill banks and referral pools.

Your furnishing this information is voluntary. Your failure to do so will have no effect on you or on your Federal employment. If you fail to provide the information, however, then

the employing agency will attempt to identify your race and national origin by visual perception.

You are requested to furnish your Social Security Number (SSN) under the authority of Executive Order 9397 (November 22, 1943). That Order requires agencies to use the SSN for the sake of economy and orderly administration in the maintenance of personnel records. Because your personnel records are identified by your SSN, your SSN is being requested on this form so that the other information you furnish on this form can be accurately included with your records. Your SSN will be used solely for that purpose. Your furnishing of your SSN is voluntary and failure to furnish it will have no effect on you; failure to provide it, however, may result in it being obtained from other agency sources.

**Specific Instructions:** The categories below are designed to identify your basic racial and national origin category. If you are of mixed racial and/or national origin, identify your-

self by the category with which you most closely identify yourself. Place an "X" in the box next to the appropriate category. NOTE: Mark **only ONE** box.

NAME OF CATEGORY <i>(Mark <b>ONE</b> only)</i>	DEFINITION OF CATEGORY
<b>Categories for Use in All Jurisdictions Except Hawaii* and Puerto Rico</b>	
<b>A</b> <input type="checkbox"/> American Indian or Alaskan Native	A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation.
<b>B</b> <input type="checkbox"/> Asian or Pacific Islander	A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine islands, and Samoa.
<b>C</b> <input type="checkbox"/> Black, not of Hispanic origin	A person having origins in any of the black racial groups of Africa. Does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins (see Hispanic).
<b>D</b> <input type="checkbox"/> Hispanic	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. Does not include persons of Portuguese culture or origin.
<b>E</b> <input type="checkbox"/> White, not of Hispanic origin	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. Does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins (see Hispanic). Also includes persons not included in other categories.
<b>Categories for Use in Puerto Rico</b>	
<b>D</b> <input type="checkbox"/> Hispanic	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins whose official duty station is in Puerto Rico. Does not include persons of Portuguese culture or origin.
<b>Y</b> <input type="checkbox"/> Not Hispanic in Puerto Rico	A person not of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins whose official duty station is in Puerto Rico.



## DRIVING RECORD OF DEPUTY U.S. MARSHAL CANDIDATE

*Because Deputy U.S. Marshals are required to drive extensively, your driving record is an important and legitimate point of inquiry. Prior to reporting for the interview, this form must be completed. If you are not sure about the dates or nature of any violations, it is recommended that you contact the Department of Motor Vehicles in the state(s) that you had/have driver's license.*

\_\_\_\_\_  
 Name of Applicant (Last, First, Middle Intl) \_\_\_\_\_  
 Social Security Number

**PART I - Current State Driver's License**

State	Number	Date Issued		Date Expires		Restrictions on State License	
Type of License (Specify Vehicle) Passenger, Tractor-Trailer, Bus, etc.		Sex	Birth Date	Color Hair	Color Eyes	Height	Weight

**PART II - Former State Driver's Licenses**

State	Number	Date Issued		Date Expires		Restrictions on State License	

**PART III - Record of Traffic Violations (except parking) for past seven (7) years**

Date	Nature or Type of Violation	City and State	Action Taken

**PART IV - Record of Accidents for past seven (7) years**

Date	Nature of Accident	Were you at fault? Yes/No	City and State	Action Taken

**PART V - Record of Suspension or Revocation of Licenses past ten (10) years**

Date	Reason for Suspension or Revocation	City and State	Action Taken

A false statement in this application may be grounds for not employing you or for dismissing you after you begin employment.  
**CERTIFICATION:** *I certify that the above statements are true and correct to the best of my knowledge.*

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

**United States Department of Justice**

Disclosure and Authorization  
Pertaining to Consumer Reports  
Pursuant to the Fair Credit Reporting Act

This is a release for the Department of Justice to obtain one or more consumer/credit reports about you in connection with your application for employment with this Department. One or more reports about you may be obtained for employment purposes, including evaluating your fitness for employment, promotion, reassignment, retention, or access to classified information.

I, \_\_\_\_\_ hereby authorize the Department of Justice to obtain such report(s) from any consumer/credit reporting agency for employment purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Complete Home Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Current Organizational Assignment

**United States Department of Justice  
Lautenberg Amendment**

Recently the Lautenberg amendment was passed which states anyone convicted of a misdemeanor crime of domestic violence will not be allowed to carry a gun. In the performance of their duties, Deputy U.S. Marshals carry a firearm. Therefore, please read the question below, check the appropriate box, and sign and date the form.

“Have you ever been convicted of a misdemeanor crime of domestic violence?”

Yes \_\_\_\_\_ No \_\_\_\_\_ I am not certain \_\_\_\_\_

I hereby certify that, to the best of my information and belief, the information provided by me is true, correct, complete and made in good faith.

Name (Printed) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

U. S. Department of Justice

United States Marshals Service

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**ILLEGAL DRUG USE QUESTIONNAIRE FOR APPLICANTS**

1. Are you now using or have you ever used any controlled substances/illegal drugs?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_
  - A. Please provide information concerning the date and circumstances when you first used illegal drugs.
  - B. Please specify any and all illegal drugs you have ever used.
  - C. Please specify how often you have used each illegal drug listed above.
  - D. Please specify the last time you used each illegal drug listed above.
  - E. Have you had any treatment for drug usage? (If none, please state so.) If so, please specify dates, treatment facility and name of attending medical care provider.

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

2. **Have you ever been involved in the sale of any illegal drugs or controlled substances?**  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please provide details below:

3. **Have you ever been arrested or questioned in the sale of any illegal drugs or controlled substances?**  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please provide details below:

4. **Please provide any additional information/comments you have concerning this matter.**

**DEPARTMENT OF JUSTICE'S DRUG POLICY**

The illegal use or sale of drugs by an employee of the Department of Justice shall not be condoned.

**CERTIFICATION**

I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith. In addition, I certify that I have read and understand the Department of Justice's policy regarding drug-related activity.

\_\_\_\_\_ Signature

\_\_\_\_\_ Print or type name

\_\_\_\_\_ Date

# Declaration for Federal Employment

Form Approved  
OMB No. 3206-0182

## Instructions

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. **A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).**

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

## Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

**ROUTINE USES:** Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

## Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

# Declaration for Federal Employment

Form Approved  
OMB No. 3206-0182

## GENERAL INFORMATION

1. FULL NAME (First, middle, last) ◆	2. SOCIAL SECURITY NUMBER ◆
3. PLACE OF BIRTH (Include city and state or country) ◆	4. DATE OF BIRTH (MM/DD/YYYY) ◆
5. OTHER NAMES EVER USED (For example, maiden name, nickname, etc) ◆ ◆	6. PHONE NUMBERS (Include area codes) Day ◆ Night ◆

## Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

- 7a. Are you a male born after December 31, 1959?  YES  NO *If "NO" skip 7b and 7c. If "YES" go to 7b.*
- 7b. Have you registered with the Selective Service System?  YES  NO *If "NO" go to 7c.*
- 7c. If "NO," describe your reason(s) in item #16.

## Military Service

8. Have you ever served in the United States military?  YES *Provide information below*  NO  
*If you answered "YES," list the branch, dates, and type of discharge for all active duty.  
 If your only active duty was training in the Reserves or National Guard, answer "NO."*

Branch	From <small>MM/DD/YYYY</small>	To <small>MM/DD/YYYY</small>	Type of Discharge

## Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9,10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 9. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) <i>If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i>   | YES                      | NO                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO.") <i>If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.</i>  | YES                      | NO                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you now under charges for any violation of law? <i>If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i>  | YES                      | NO                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? <i>If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.</i> | YES                      | NO                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) <i>If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.</i>                     | YES                      | NO                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |

# Declaration for Federal Employment

Form Approved:  
OMB No. 3206-0182

## Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) *If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.*
- YES  NO
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?
- YES  NO

## Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (*these questions are specific to your position and your agency is authorized to ask them*).

## Certifications / Additional Questions

**APPLICANT:** *If you are applying for a position and have not yet been selected,* carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

**APPOINTEE:** *If you are being appointed,* carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. **I certify** that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. **I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand** that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. **I consent** to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. **I understand** that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Sign in ink)

17b. Appointee's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Sign in ink)

<b>Appointing Officer:</b> Enter Date of Appointment or Conversion MM / DD / YYYY
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18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

10a. When did you leave your last Federal job? DATE: MM / DD / YYYY

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?

YES  NO  Do Not Know

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled.

YES  NO  Do Not Know

**Applicant Fitness Standards  
Effective 12/26/00**

Applicants must meet or exceed the following physical fitness standards:

**MALES**

Push-ups = 33 or greater (ages 20-29)

Push-ups = 27 or greater (ages 30-39)

Sit-ups = 40 or greater (ages 20-29)

Sit-ups = 36 or greater (ages 30-39)

1.5 Mile Run = 12:18 or less (ages 20-29)

1.5 Mile Run = 12:51 or less (ages 30-39)

**FEMALES**

Push-ups = 16 or greater (ages 20-29)

Push-ups = 14 or greater (ages 30-39)

Sit-ups = 35 or greater (ages 20-29)

Sit-ups = 27 or greater (ages 30-39)

1.5 Mile Run = 14:55 or less (ages 20-29)

1.5 Mile Run = 15:26 or less (ages 30-39)

**This is for your records. Do not submit with  
the application.**