



Employee Information Form

Name: (last, first, m.i.) Date of Birth: SF State ID#:

Form with checkboxes for New (Sections A, B, C, D, E Required) and Update (Designee (B), Professional License (C), Education (C), Veterans Information (J), Citizenship (D))

NOTE: THIS FORM IS CONSIDERED INCOMPLETE WITHOUT AN EMPLOYEE SIGNATURE IN SECTION F

SECTION A: Oath of Allegiance and Declaration of Permission to Work

FOR ALL PERSONS EMPLOYED BY THE STATE OF CALIFORNIA (Only Complete Part 1 OR Part 2)

Part 1 - Oath of Allegiance (to be completed by United States citizens only)

I, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am to enter.

Part 2 - Declaration of Permission to Work (to be completed by legally employed non-citizens only)

I am a lawful permanent resident alien of the United States: Yes No

If No, please read the following: I hereby certify that I have permission to work in this country and have declared any restrictions placed upon me in this regard by the United States government to the appointing power.

SECTION B: Designation of Person Authorized to Receive Warrants (designee must be 18 or older)

Pursuant to Section 12479 of the Government Code, I hereby designate the following person who, notwithstanding any other provision of the law, shall be entitled upon my death to receive all warrants that would have been payable to me had I survived. NOTE: Direct deposit payments are not subject to the provisions of this designation. You may change your designation at any time by completing a new form.

Name: Relationship:

Address: Telephone: email:

SECTION C: Education and Professional License (provide supporting documentation)

Highest Degree Completed: Date Completed:

Educational Institution: Location:

Professional License #: Type: Expiration Date:

SECTION D: Citizenship (complete all that is applicable and provide supporting documentation with I-9 form)

US Citizen: Yes No I-9 Form Completed: Yes No Country:

Document Type: Immigrant/Alien Registration Card F-1 Visa H-1 Visa J-1 Visa Other Visa:

Document #: Expiration Date:

SECTION E: Pre-designation of Physician

Physician Name: Address/Phone:

SECTION F: Employee Signature (this form is considered incomplete without an employee signature)

I affirm that all of the answers and statements on this form are complete and true to the best of my knowledge and belief.

Employee Signature: Date:

SECTION G: Authorized Personnel Signature (for office use only)

This form was completed and Oath subscribed before me on: (month) (day) (year)

Name: Authorized Personnel Signature:



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SECTION H: Gender [] Male [] Female

SECTION I: Ethnic Heritage Voluntary Self-Identification

The CSU is an equal employment opportunity employer and is committed to treating all employees without regard to race, color, religion, national origin, ancestry, physical or mental disability, medical condition, genetic information, marital status, sex (including gender identity), age (over 40), sexual orientation, covered veteran status, or any other protected status.

This form, and any data submitted on the form, will be kept separate from your personnel file and will not be accessible by anyone involved with making recommendations or decisions regarding your employment.

Question 1 - Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) [] Yes [] No

Question 2 - Regardless of your answer to Question 1, you may select one or more of the following categories that apply to you:

Table with 2 columns: CATEGORY and DEFINITION OF CATEGORY. Categories include American Indian or Alaska Native, Asian (Asian Indian, Korean, Cambodian, Laotian, Chinese, Vietnamese, Filipino, Other Asian, Japanese), Black or African American, Native Hawaiian or Other Pacific Islander (Guamanian, Other Native Hawaiian or Other Pacific Islander, Hawaiian), and White.

SECTION J: Veteran Voluntary Self-Identification (check all boxes that apply to you)

[] Not a veteran [] I do not want to identify my veteran status

Table with 2 columns: Category and Definition. Categories include Disabled Veteran, Recently Separated Veteran (within 3yrs), Armed Forces Service Medal Veteran, and Other Protected Veteran.