

## HUMBOLDT STATE UNIVERSITY EMPLOYEE INFORMATION FORM

Faculty Staff	Other	Full Time Part Time	Int. Hourly Special Consultant	Summer Session Extension	Department Name _____ Hire Date _____
Employee Identification Number _____			Full Legal Name _____		
Mailing Address _____		City _____		State _____	Zip Code _____
Home Phone _____	Date of Birth _____		Sex M      F	Previous Name(s) _____	

**ETHNICITY:** Information required by the U.S. Department of Labor regulations mandated by Federal Executive Orders 11246 and 11375. This confidential information is for statistical purposes. Check the appropriate box for your race/ethnicity (**indicate only one**):

- |                  |                                       |                        |                        |
|------------------|---------------------------------------|------------------------|------------------------|
| 1. Black (F)     | 3. Other Non-White (X)                | 5. White (E)           | 7. American Indian (H) |
| 2. Asian         | 4. Hispanic                           | 6. Pacific Islander    | Aleut (O)              |
| Japanese (I)     | Mexican, Mexican American/Chicano (A) | Hawaiian (P)           | Eskimo (N)             |
| Chinese (J)      | Puerto Rican (B)                      | Samoan (Q)             |                        |
| Korean (K)       | Cuban (C)                             | Guamanian/Chamorro (R) | 8. Filipino (G)        |
| Vietnamese (L)   | Other (D)                             | Other (T)              |                        |
| Asian Indian (M) |                                       |                        |                        |
| Cambodian (U)    |                                       |                        | 9. Not Stated (Z)      |
| Laotian (Y)      |                                       |                        |                        |
| Other (S)        |                                       |                        |                        |

**CITIZENSHIP:** Information required by The Immigration and Reform Control Act of 1986.

USA

Other: Check Visa Type and **attach photocopy of Visa:**    F-1    J-1    H-1    1-94(R)    T/C-Canadian

Country Granting Visa \_\_\_\_\_ Visa Expiration Date (Month and Year) \_\_\_\_\_

Non-Citizen/Perm Resident (1-151,1-155,1-551 "Green Card" **attach photocopy**) Country of Origin \_\_\_\_\_

**PRIOR EMPLOYMENT:** Please check the box that most closely identifies your employment immediately prior to your appointment at HSU. If number 1 through 8 is checked, please complete the name and location.

- |                                   |                                   |                                 |                                  |
|-----------------------------------|-----------------------------------|---------------------------------|----------------------------------|
| 1. A CSU campus (incl HSU)        | 4. California junior college      | 7. Foreign institution          | 10. Industry or private practice |
| 2. University of California       | 5. Other U.S. public institution  | 8. Graduate Study               | 11. Research or service agency   |
| 3. California private institution | 6. Other U.S. private institution | 9. Elementary or sec. education | 12. Government                   |
|                                   |                                   |                                 | 13. Other                        |

Name of Employer \_\_\_\_\_ City/State/Country \_\_\_\_\_

Have you ever worked for any public agency in California (including temporary or seasonal work)?    Yes    No  
Some examples are: (CDF, Parks and Recreation, Cities, Counties, University of California). If so, enter name of each agency and approximate dates of employment: \_\_\_\_\_

Were you ever a member of the retirement system for the above agency(s)?    Yes    No

**VETERAN STATUS:** Are you a U.S. Veteran?    Yes    No    If Yes, please complete the Veteran self-identification section.

**EDUCATION:** Highest level attained (Check the most appropriate box):

- |                                  |                                |                       |                         |
|----------------------------------|--------------------------------|-----------------------|-------------------------|
| S - Some elementary school       | I - Some high school           | Q - Some college      | P - Professional degree |
| E - Elementary school completed  | H - High school diploma or GED | A - Associate Degree  | D - Doctorate           |
| K - Some junior high school      | T - Trade or craft certificate | B - Bachelor's Degree |                         |
| J - Junior high school completed | C - Professional certificate   | M - Master's Degree   |                         |

Campus where highest degree was earned \_\_\_\_\_

City, State, (and Country if not U.S.) \_\_\_\_\_ Year earned \_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT:** \_\_\_\_\_ Relationship \_\_\_\_\_  
Residence Address \_\_\_\_\_ Phone # \_\_\_\_\_ Alt Phone # \_\_\_\_\_

**PAYROLL DESIGNEE:** Show designee's full name; for example, "Mary Jane Smith," not "Mrs. John E. Smith." You may change your designee at any time by completing a new form at the Human Resources Department.

Pursuant to Government Code Section 12479, I hereby designate the following person who, notwithstanding any other provision of law, shall be entitled upon my death to receive all State wages that would have been payable to me had I survived (excluding payment of death benefits and refund of employee retirement contributions):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

I hereby revoke any previous designation filed by me. If the above-named designee does not file a written request with the Human Resources Department, or if the above-named designee cannot be contacted for such warrants within 60 days after the date of my death, this designation shall be and become null and void. This designation will remain in full force and effect during my employment with any California state agency until revoked in writing by me. This designation will terminate on the date of my permanent separation from said employment. I affirm that all answers and statements on this form and any attachments are complete and true to the best of my knowledge.

**OATH OF ALLEGIANCE:** 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 about to enter.

EMPLOYEE SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Taken and subscribed before me this \_\_\_\_\_ day of, \_\_\_\_\_ 20 \_\_\_\_\_

AUTHORIZED PERSONNEL SIGNATURE: \_\_\_\_\_

**Humboldt State University**  
**VETERAN SELF-IDENTIFICATION FORM**  
(for use by new hires and current employees only)

Humboldt State University (HSU) is a federal contractor subject to the Vietnam Era Veterans Readjustment Assistance Act of 1974 (VEVRAA), as amended, which requires that federal contractors take affirmative action to employ and advance in employment qualified individuals without discrimination based on a covered veteran status. To fulfill statistical reporting and affirmative action monitoring requirements, Humboldt State University invites you to voluntarily identify your veteran status<sup>1</sup> by answering the questions below. Submission of this information is voluntary and no adverse consequences will result from either providing this information or declining to provide it. Information you submit will be kept confidential as required under applicable federal and state law. Should you decide not to self-identify at this time, you may do so at any time in the future. Note: If you have a disability, and need accommodation to perform the job properly and safely, please contact your Human Resources or Faculty Affairs Office to begin an interactive discussion to identify and provide you a reasonable accommodation.

Please check all boxes that apply to you:

**I do not want to identify my veteran status**

**Not a veteran**

**Disabled Veteran**

Either (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.

**Recently Separated Veteran**

Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service. Discharge Date (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Armed Forces Service Medal Veteran**

Any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.<sup>2</sup> (For the current list of military operations for which an Armed Forces service medal was awarded, see the attachment or <http://www.opm.gov/Veterans/html/vgmedal2.htm> for updates.)

**Other Protected Veteran**

A veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense. (For the current list of campaigns and expeditions for which a campaign badge was authorized, see the attachment or <http://www.opm.gov/Veterans/html/vgmedal2.htm> for updates.)

Employee Name \_\_\_\_\_ Department \_\_\_\_\_

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

It is the policy of Humboldt State University to provide equal employment opportunity without regard to race, color, religion, national origin, ancestry, age, physical disability, mental disability, medical condition, veteran status, marital status, pregnancy, sex, sexual orientation, or gender identity. Humboldt State University administers all personnel actions without regard to any characteristic protected by law and bases all employment decisions on valid job requirements.

<sup>1</sup>See 41 CFR 60-300 and 41 CFR 61-300.

<sup>2</sup>61 FR 1209.