

CALIFORNIA STATE UNIVERSITY, LONG BEACH
Information Sign-in Sheet

Payroll Office Use Only - Employment Type (Check all that applies)			
<input type="checkbox"/> Part-Time	<input type="checkbox"/> Full-Time	<input type="checkbox"/> CCPE	<input type="checkbox"/> Faculty/Lecturer
<input type="checkbox"/> Staff/Administrative	<input type="checkbox"/> Teaching Associate	<input type="checkbox"/> Graduate Assistant	
Department you will be working in: _____			
Personal Profile			
Name			
Full Legal Name (Last)	(First)	(Middle)	Social Security Number
Campus/Employee ID # (if known)			
Preferred Name (What name you would prefer to use)			
Address (Number, Street Name, Apt #, City, State and Zipcode)			
Phone # with area code:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	
Driver's License # and State:			
Self - Identification			
<i>Compliance with this request is consistent with US Department of Labor regulations mandated by laws and Executive Orders. The information is treated with confidentiality and used in summary form only. This data is not used in personnel decisions.</i>			
Citizenship	<input type="checkbox"/> Citizen	<input type="checkbox"/> Legal Permanent Resident	<input type="checkbox"/> Other, pls indicate: _____
Ethnicity <i>Self-Identification Form for Employees is located on the back side.</i>			
Veteran Status			
<input type="checkbox"/> I do not want to identify	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Armed Forces Service Medal Veteran	<input type="checkbox"/> Other Protected Veteran
Check all that apply			
Date of Military Discharge	_____	Not a Veteran	<input type="checkbox"/>
Retirement/Contribution History			
Are you currently employed by another California State Agency/Campus? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, which agency or campus: _____			
Are you currently participating in the State of California direct deposit program? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Do you have prior California State service? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Were you ever a member of the California Public Employees Retirement System (CalPERS)? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, are your retirement funds still on deposit? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Are you a retired member of CalPERS? If yes, which agency: <input type="checkbox"/> No <input type="checkbox"/> Yes			
Emergency Contact/Payroll Designee			
Primary Emergency Contact: (Last Name, First Name, Middle Initial)		Relationship	Home Phone Number
Address: (Number, Street Name, Apt #, City, State and Zipcode)		Alternate Phone Number	
Secondary Emergency Contact: (Last Name, First Name, Middle Initial)		Relationship	Home Phone Number
Address: (Number, Street Name, Apt #, City, State and Zipcode)		Alternate Phone Number	
Payroll Designee: I hereby designate the following person, who is over age 18, to receive any paycheck(s) due to me from the University upon the event of my death. I understand that if the designee cannot be contacted within sixty (60) days after the date of my death, this designation will be null and void. This designation will remain in full force and effect during my employment until revoked in writing.			
Designee's Last Name, First Name, Middle Initial		Relationship	Home Phone Number
Address: (Number, Street Name, Apt #, City, State and Zipcode)		Alternate Phone Number	
Oath of Allegiance (Must be completed if you are a US citizen) <i>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 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. Please Initial Here _____</i>			
I affirm that all the answers and statements on this form are complete and true to the best of by knowledge and belief.			
Employee Signature _____			Date _____



Self- Identification Form for Employees

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 has been developed to assist us in monitoring the diversity of our workforce, and in collecting data that is required for compliance with State, Federal, and University reporting requirements. 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. While your reply will be most helpful to us in reporting accurate data, completing this form is entirely voluntary.

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:

CATEGORY	DEFINITION OF CATEGORY
<input type="checkbox"/> American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.
<input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<input type="checkbox"/> I have reviewed this form and elect not to complete.	