

CALIFORNIA STATE UNIVERSITY, LONG BEACH
Information Sign-in Sheet

Payroll Office Use Only - Employment Type (Check all that applies)

Part-Time
 Full-Time
 UCES
 Faculty/Lecturer
 Staff/Administrative
 Teaching Associate
 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: Male Female Date of Birth: _____

Driver's License # and State: _____

Self - Identification

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.

Citizenship Citizen Legal Permanent Resident Other, pls indicate: _____

Ethnicity *Indicate the most appropriate ethnicity from the choices listed on the back side of this form. You can indicate percentages if you wish to denote more than one ethnicity.*

	%		%
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Veteran Status I do not want to identify Disabled Veteran Armed Forces Service Medal Veteran Other Protected Veteran

Check all that apply

Date of Military Discharge _____ **Not a Veteran**

Retirement/Contribution History

Are you **currently** employed by another California State Agency/Campus? No Yes

If yes, which agency or campus: _____

Are you currently participating in the State of California direct deposit program? No Yes

Do you have **prior** California State service? No Yes

Were you ever a member of the California Public Employees Retirement System (CalPERS)? No Yes

If yes, are your retirement funds still on deposit? No Yes

Are you a retired member of CalPERS? If yes, which agency: _____ No Yes

Emergency Contact/Payroll Designee

Primary Emergency Contact: (Last Name, First Name, Middle Initial)	Relationship	Home Phone Number
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Address: (Number, Street Name, Apt #, City, State and Zipcode)	Alternate Phone Number
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Secondary Emergency Contact: (Last Name, First Name, Middle Initial)	Relationship	Home Phone Number
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Address: (Number, Street Name, Apt #, City, State and Zipcode)	Alternate Phone Number
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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
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Address: (Number, Street Name, Apt #, City, State and Zipcode)	Alternate Phone Number
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Oath of Allegiance (Must be completed if you are a US citizen) *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 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

Abbreviation	Long Description	Abbreviation	Long Description
AFRAM	African American	MALAYSIA	Malaysian
ALASKAN	Alaskan Native	MEXAMER	Mexican-Amer, Mexican, Chicano
ALEUT	Aleut	MIDEAST	Middle Easterner
AMIND	American Indian	NAFRICAN	North African
AMINALN	American Indian/Alaskan Native	OTHRASN	Other Asian
ASINDIAN	Asian Indian	OTHRBLK	Other Black
ASIAN	Asian/Pacific Islander	OTHRCAMI	Other Central American Indian
BLACK	Black	OTHLRTHS	Other Latino, Hispanic
CAMBOD	Cambodian	OTHRNWT	Other Non White
CENTAMER	Central American	OTHRNAMI	Other North American Indian
CHINESE	Chinese	OTHRPACI	Other Pacific Islander
CUBAN	Cuban	OTHRSAM I	Other South American Indian
DECLINE	DECLINE	OTHRSEAS	Other Southeast Asian
ESKIMO	Eskimo	OTHRWHT	Other White
EUROPEAN	European	PAKISTAN	Pakistani
FILIPINO	Filipino	PUERTOR	Puerto Rican
GUAMANIA	Guamanian	SAMOAN	Samoan
HAITIAN	Haitian	SOAMER	South American
HAWAIIAN	Hawaiian	SPANISH	Spanish
HISPANIC	Hispanic	THAI	Thai
JAPANESE	Japanese	VIETNAME	Vietnamese
KOREAN	Korean	WHITE	White
LAOTIAN	Laotian		

VETERAN STATUS

I Do Not Want To Identify

Disabled Veteran: denotes a veteran:

- (1) 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 service-connected disability.

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.

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.

Date of Military Discharge is necessary for VETS 100 reporting to the Federal government.

CSULB is required to report all veterans who have recently been hired that are newly discharged from military service.

Not a Veteran